

Payment Policy (Time of Service)

Please Initial

I understand that payment is due at the time of service.

I understand that my credit card will be kept on file in an electronically secure system.

I understand that my credit card will be charged within 1-5 business days of receiving veterinary services, unless I am present at the appointment with another form of payment.

I understand that when my credit card is charged, I will receive a copy of the paid invoice via email. (Please be sure to add [kjones@heartlandequinehospital.com](mailto:kjones@heartlandequinehospital.com) to your contacts.

Credit Card Type: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Credit Card Expiration: \_\_\_\_\_

Security Code: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

(Optional) In the event of an emergency and I, the owner, cannot be reached I authorize Heartland Equine Hospital to provide emergency care to my animal up the amount of \$\_\_\_\_\_

(Optional) I authorize for \_\_\_\_\_ at phone number \_\_\_\_\_ to act as my agent and provide consent for care in my absence. I understand that I will be liable for the cost of care they have consented to.