



17577 Bayside Drive, Tonganoxie, KS 66086

913.287.7575

SERVICE AGREEMENT

*Client: _____ *Date: _____

*Address: _____

*Phone (Home): _____ (Cell): _____

E-Mail: _____

Driver License State & Number: _____ Expires: _____

Patient Registered Name/Barn Name: _____

Breed: _____ Color: _____ Mare Gelding Stallion Age _____

Barn & Address _____

If location different than mailing address

Insurance Information: _____

DISCLAIMER: By typing your name you are signing this document electronically. You agree that your electronic signature is the legal equivalent of your manual signature on this document.

(Client Signature)

(Date)

Individual Responsible for Authorizing Care for Horse(s) Must Be 18 years or older.

- ❖ By signing this you agree to pay for veterinary services upon treatment or admission of the patient. Acceptable forms of payment include: Cash, Personal Check (with Driver's License), Debit Card, Major Credit Card (Visa, MasterCard, Discover Card or American Express). We also offer payment plans through Care Credit, please see www.CareCredit.com for more details. You agree to pay Heartland Equine Hospital (HEH) \$30 for any check returned as unpayable or uncollectable for any reason. You agree to pay HEH an additional \$30 for any credit card charge which is reversed, not approved or otherwise uncollected.
- ❖ This contract shall apply to any and all veterinary services provided by HEH, including but not limited to: Out-patient services, Procedures, Medicines and Farm Calls to any and all animals on your behalf, whether or not the animal(s) are listed on page one of this agreement.
- ❖ You understand that you must pay all accounts in full at the time of service or discharge. A 50% deposit is required at the start of treatment for hospitalized patients. Payment in full is required when the patient leaves the hospital unless prior payment arrangements have been made with the business office. Insurance claim payments will be sent to you directly from your insurance company.
- ❖ Any remaining account balance is due and payable upon receiving the monthly statement.
- ❖ Overdue accounts are subject to a service charge of 1.5% per month or 18% per annum with a minimum of \$7.50 per month. Accounts older than 60 days will receive no further services until paid in full.
- ❖ If there is any dispute over work performed or billing, you have 10 working days from invoice date to reconcile the dispute with the business office.
- ❖ YOU ASSUME FINANCIAL RESPONSIBILITY FOR ALL CHARGES INCURRED BY THE PATIENT(S) FOR SERVICES RENDERED AND UNDERSTAND THAT FULL PAYMENT IS REQUIRED. If it becomes necessary to use third party efforts to collect your past due balance, you agree to pay reasonable attorney's fees and court costs. You further agree that any legal action undertaken by either party shall be in a Court of Leavenworth County, Kansas.
- ❖ You acknowledge and agree that any gathering of previously non-comingled animals, including farms, transport equipment, competitions and veterinary hospitals, carries a risk of exposure to infectious and contagious disease. Further, animals hospitalized for treatment of one disease are more vulnerable to exposure to other pathogens that they may contract or carry to other animals or locations. You acknowledge that HEH uses reasonable measures, such as segregation of animals into different areas based on their presenting signs and bio-security protocols based on those signs, designed to minimize lateral exposure of animals to other animals while being treated. You hereby release and discharge HEH (it's owners, employees, agents, affiliates, contractors, representatives, successors, and assigns) from any claims, demands, actions, liabilities, losses, injuries, illnesses, damages, costs or expenses (including without limitation attorney's fees), known or unknown, fixed or contingent, arising out of or related to any infection or contagious disease the owners animal(s) may be exposed to or contract while visiting HEH.
- ❖ All patients located at HEH are closely monitored for any signs of infectious or contagious disease. For that purpose, you authorize HEH to perform diagnostic testing if HEH reasonably suspects the patient(s) may have, be carrying or has been exposed to infection, contagious disease or contagious micro-organisms. The costs of such testing and related procedures or services shall be included in HEH charges payable by owner or agent.
- ❖ You understand that due to the nature of medicine, results are not guaranteed. No warranties, representations or guaranties are made and you understand that fee payments are not "contingent" on the outcome or results.