

VETERINARY SERVICES AGREEMENT

Please Note: By signing this document, you are forming a legal and enforceable contract with Bend Equine Medical Center and Small Animal Division.

All clients must pay for their appointment at time of service.

Payment is required at the time of service unless other arrangements have been enforced. Insurance claim payments for a major medical claim will be sent to you directly from your insurance company. Thank you.

OWNER INFORMATION (please print)

NAME: _____ SPOUSE/ SIGNIFICANT OTHER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ CELL: _____ SPOUSE CELL: _____

EMPLOYER: _____ WORK PHONE: _____

EMAIL: _____

HOW DID YOU HEAR ABOUT US? _____

WHO CAN WE THANK FOR YOUR REFERRAL? _____

****VETERINARY SERVICES WILL NOT BE PROVIDED WITHOUT YOUR SIGNATURE & INITIALS****

AMEX VISA MASTERCARD DISCOVER CARECREDIT (circle one) CARD # _____

Exp. Date: _____ CCV code: _____ Address # _____ Zip Code: _____

PRINT LEGAL OWNER'S NAME: _____

OWNER'S SIGNATURE: _____ Date: _____

EZ Pay: _____ INITIALS

GUARDIAN'S SIGNATURE (If owner is under 18 years of age): _____
(Account will be set under both names if owner is under 18 years of age)