



Client Relations Form

Please fill out the form below, retain a copy for your records, and return it to Mountain Pointe Equine Veterinary Services. In doing so, you agree to allow Mountain Pointe Equine Veterinary Services (hereinafter MPEVS) to evaluate, diagnose, and treat your animal(s).

Horse Owner Information:

Name: _____
Business Name (if applicable): _____
Mailing Address: _____
Cellular Phone: _____
Home Phone: _____
Work Phone: _____
Email Address: _____
Billing Email Address (if different from above): _____

Stabling Information:

Farm: _____
Farm Owner: _____
Address: _____
Phone: _____
Are all horses located here? (circle) Yes No
If no, please list additional farms on back with corresponding horses.

Horse Information: (Please include both registered name and call name when applicable.)

Name(s): _____ YOB: _____ *Gender: (circle one) F G M
Breed: _____ Color: _____ Microchip: _____
Brand (desc. & location): _____ Tattoo (desc. & location): _____
ANY KNOWN ALLERGIES: _____

Name(s): _____ YOB: _____ *Gender: (circle one) F G M
Breed: _____ Color: _____ Microchip: _____
Brand (desc. & location): _____ Tattoo (desc. & location): _____
ANY KNOWN ALLERGIES: _____

Name(s): _____ YOB: _____ *Gender: (circle one) F G M
Breed: _____ Color: _____ Microchip: _____
Brand (desc. & location): _____ Tattoo (desc. & location): _____
ANY KNOWN ALLERGIES: _____

Additional ownership information can be placed on the back of this page or on a separate page if necessary.
*Gender: F = Mare/Female G = Gelding/Castrated Male M = Stallion/Intact Male

Authorization Policy:

Incidents may occur where you, the owner, will not be available to authorize veterinary care. In some cases, these may be emergency situations where only the barn manager or trainer is present. MPEVS will not diagnose, treat, or otherwise provide medical services to your animal without appropriate authorization.

I authorize the agent below to make medical decisions, schedule appointments (emergency and routine), and order medication(s) for the above described horses and understand that I will be invoiced for these items.

Authorized Individual: _____
Contact Information: _____
Relation to Individual (circle one): Barn Manager Trainer Relative Friend Other: _____
Additional Info: _____





Statement/Payment Terms:

All invoices and/or statements are sent via email to the email address provided on the previous page. All invoices and/or statements are due upon receipt regardless of the status of any insurance claim(s). MPEVS requires payment at the time of service for all new clients until credit has been established between the client and the practice. Payment may be remitted in the form of cash, check, credit card (Visa, MasterCard, Discover, American Express), or CareCredit if a payment plan is needed (\$500.00 minimum). Credit card authorizations must be phoned, emailed, or hand-written on the invoice. An interest charge of 1.5% (18% annually), \$1.00 minimum, will be assessed 30 days after the invoice/statement date. In no event will the interest charge exceed the maximal lawful rate of New Jersey. Accounts with an overdue balance of 60 days are subject to the refusal of future services. MPEVS may change payment terms and/or pricing at any time without prior notice.

MPEVS will maintain the security and confidentiality of all medical records and business related matters for all clients. The practice will follow the medical record regulations and statutes of New Jersey designated by the State Board of Veterinary Medical Examiners.

I certify that I am at least 18 years of age and hereby acknowledge and agree to the terms and policies described above:

Signature: _____ Date: _____

Credit Card Authorization

To authorize MPEVS to keep your credit card on file, please supply all information requested below. **Credit card payments are NOT processed automatically.** We require your approval to charge your credit card for every invoice/statement you receive. Authorization may be sent via email, phone, or mail. All credit card information provided to MPEVS will remain confidential and is not stored electronically.

Any questions may be directed to our office at (908) 269-8451.

Type of Card: VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Name on Card: _____

Billing Address: _____

Credit Card #: _____ - _____ - _____

Expiration Date: ____/____/____

Security Code: _____ (3 digits on back of card, AmEx: 4 digits on front of card)

I hereby authorize MPEVS to keep my credit card information on file, and will provide approval each time I receive an invoice and/or statement to charge my credit card.

Signature: _____ Date: _____

