



Financial Authorization Form

Accepted Methods of Payments:

- Cash, Check, Money Order
- Visa®, MasterCard®, American Express®, Discover Card®, PayPal®
- CareCredit® (subject to credit approval) – www.carecredit.com – Low and 0% interest plans available.

A deposit is required for ALL hospital intakes, at the time of admittance:

Medical Cases (general): \$750 *Initial Here* _____

Critical Cases (Colic, Dystocia, Isolation): \$1500 *Initial Here* _____

Payment in full is expected, at the time of service, or at the time of discharge. *Initial Here* _____

There is a 1.5% monthly (18% annual) interest charge on all account balances over 60 days (minimum \$2.00). If an account is 90 days past due and a payment has not been received within the last 30 days, we may refer the account to an attorney or collection agency, and you will be responsible for all costs incurred. There will be a \$25.00 fee for all returned checks. *Initial here* _____

Client/Owner Information and Financial Authorization (all fields required):

Client/Owner Name: _____ Email: _____

Primary Phone: _____ Secondary Phone: _____

Financially Responsible Party (if not client/owner): _____

Phone: _____ Email: _____

Horse(s) Name: _____

By signing below, you agree to the foregoing terms of payments, and assume full responsibility for all charges incurred in connection with the diagnosis and treatment of the above-named horse(s).

Owner or Responsible Party Signature

Date