



Willow Creek Equine
Veterinary Services LLC

5707-B LEESPORT AVE.
READING, PA 19605
OFFICE – 610.926.4838
FAX – 610.926.8387
WWW.WCEVS.COM

FINANCIAL POLICY

Willow Creek Equine Veterinary Services, LLC (WCEVS) is dedicated to providing our clients with the best possible care and service. We strive to keep costs for your veterinary care from increasing at an unreasonable rate. We are asking for your help in understanding and cooperating with our financial policy.

PAYMENTS FOR SERVICES PERFORMED

All payments are expected at the time of service. Any other outstanding balances are due within 30 days, unless other agreements have been made with our Accounts Receivable Manager and the owners of WCEVS. All payment plans/agreement forms must be completed prior to or at the time of service, unless approved by WCEVS management and/or owners.

For your convenience our office accepts **cash, checks, Visa, MasterCard, Discover and Care Credit**. You are allowed to keep a credit card on file (except Care Credit) to charge in the event you are not available for an appointment or emergency. This card may be charged if your account balance goes over 60 days.

All past due balances are assessed a **2% per month** service charge after 30 days. All balances over 90 days past due may be sent to a collection agency. Should your account be sent to a collection agency, you will be financially responsible for all collection fees and legal fees that our office incurs through the process utilized to collect the outstanding balance.

There will be a \$30.00 fee assessed for any check returned unpaid by your bank or financial institution.

Unless prior arrangements are made with our Accounts Receivable Manager and the owners of WCEVS, payment in full will be expected at the time of service for any future services.

I HAVE READ AND FULLY UNDERSTAND THE FINANCIAL POLICY SET FORTH BY WCEVS AND I AGREE TO THE TERMS OF THIS FINANCIAL POLICY. I ALSO UNDERSTAND AND AGREE THAT THE TERMS OF THIE FINANCIAL POLICY MAY BE AMENDED AT ANY TIME WITHOUT PRIOR NOTIFICATION TO THE CLIENT.

Client Signature

Print Name

Date



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PAYMENT REQUIREMENTS / OPTIONS

Willow Creek Equine can provide the following payment options. Please make your selection then sign and date the lower section of this form. Return the completed form to Willow Creek Equine Veterinary Services, LLC (WCEVS) by mail, fax or e-mail. If you have any questions regarding this form or your account, please contact the accounts payable person at our office. We want to thank you for your continued support and we look forward to providing all your future veterinary needs.

1) **PAYMENT AT THE TIME OF SERVICE**

Payment is required at the time services are rendered.

For your convenience, we accept cash, check, Visa and MasterCard. Care Credit is available when payment options are needed.

NOTE: Clients with horses at boarding, training or breeding stables – **IF** we do not have a completed copy of this form at our office prior to treatment - all services must be paid at the time services are rendered.

2) **PRE-APPROVED CREDIT CARD PAYMENT (Visa/MasterCard/Discover only)**

Please keep my credit card number on file and charge the credit card each time services are rendered.

Send me a receipt and itemized invoice. Select notification choice MAIL E-MAIL FAX

3) **MONTHLY BILLING**

WCEVS owners & management must give approval to allow this option. If you are approved or disapproved, our office will contact you.

Note: If this option is selected/approved we need to keep a credit card on file

We will send you a monthly statement (13th of every month) for your review. If you have not sent in a payment on your account by the 12th of the following month, you give your permission to WCEVS to charge the credit card on file on the 13th of that month for the account balance. We will send you a receipt for your records. **Note: *If we do not receive payment you will be jeopardizing our ability to provide veterinary services***

Date _____ Name _____

I have chosen payment option number 1 2 3 (check your choice). I realize that I can change my selection at any time by filling out a new form and submitting it to WCEVS.

Visa/MasterCard/Discover# _____ Exp ____/____ CVV# * _____

(If at any time there are changes to my credit card information I will notify WCEVS) * CVV = the 3 digit security code on back of card

Care Credit Card # _____ Name on the card _____

Billing Address _____



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E-Mail Address _____ Signature _____

Patient Information Sheet (Do you own or lease – mark appropriate box)

Registered Name _____ Barn Name _____

Date of Birth / Age _____ Breed _____

Color(s) _____ Sex Mare Gelding Stallion

Registration # _____ Tattoo# _____

Brands _____ Microchip# _____

Is this horse insured? YES NO

Are their multiple owners? YES NO If Yes please fill out additional owner contact information
Name _____ Phone _____ Address _____

Has this horse ever been treated previously by our clinic? YES NO

In case of emergency, notify _____ Phone _____

RELEVANT MEDICAL HISTORY (e.g. colic, Cushing's) _____

Medications _____ Supplements _____

Breeding History (If any) _____

Vaccine History (please attach any medical and vaccine records from previous veterinarian)

Date _____ Pneumabort K

Date _____ EWT (3-way)

Date _____ Potomac Horse Fever

Date _____ EHV 4/1 (flu-rhino)

Date _____ Rabies

Date _____ EWT/Flu/Rhino (5-way)

Date _____ WNV

Date _____ Pinnacle (Strangles)

Date _____ WNV /EWT

Date _____ Botulism

Coggins testing YES NO Date _____ (Please attach a current copy)

Deworming History – Product _____ Date _____

Fecal Testing – Date _____ Results _____

Any additional information _____



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Please use additional sheets for multiple horses – Thank you

CLIENT / STABLE INFORMATION SHEET

OWNER INFORMATION

Name _____ Spouse _____

Driver's License # _____ Spouse _____

Address _____

City _____ State _____ Zip _____

Same as shipping address? YES NO – If No, Address _____

Home Phone _____ Cell _____

E-MAIL _____ Fax _____ Preferred Contact Method _____

Employer Name _____ Work Phone _____

STABLE INFORMATION – Same as owner address? YES NO – If NO complete this section.

Stable name _____

Contact Name (barn owner, agent, manager) _____

Address _____

City _____ State _____ Zip _____

Phone (Barn number) _____ Cell _____

I authorize the release of medical information about my horse(s) to my barn manager/agent YES NO

I authorize my barn manager to act as agent to make appointments and order medication for my horse(s)

YES NO