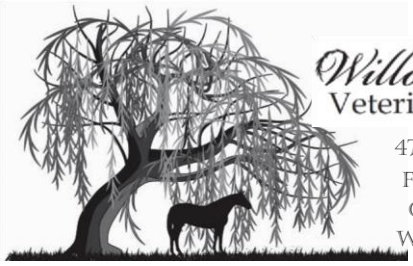


Willow Creek Equine
Veterinary Services LLC
47 RIDGE CREST DRIVE
FLEETWOOD, PA 19522
OFFICE – 610.926.4838
WWW.WCEVS.COM

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 CareCredit**. You are allowed to keep a credit card on file (except CareCredit) 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.

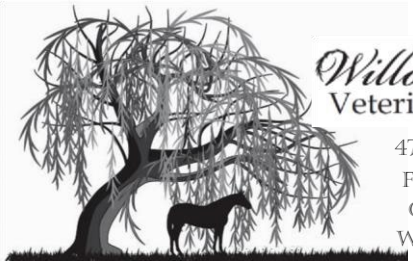
All past due balances are assessed at a **2% per month** service charge after 30 days. All balances over 90 days past due may be sent to a collection agency. Should your account be sent to a collection agency, you will be financially responsible for all collection fees and legal fees that our office 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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GOAT & SHEEP EMERGENCY WAIVER

Willow Creek Equine Veterinary Services, LLC (WCEVS) is dedicated to providing our clients with the best possible care and service. We ask that you read the following terms and conditions in regard to your goat and sheep veterinary needs.

EMERGENCY COVERAGE

All on farm goat and sheep emergencies will be considered on a case-by-case basis by the WCEVS veterinarians. Although WCEVS will make every effort to provide ambulatory emergency services, we can no longer guarantee 24/7 on the farm goat and sheep emergency coverage for our practice area. We highly recommend transporting your goat or sheep to our new haul in facility located at 47 Ridge Crest Drive, Fleetwood, PA 19522. Any goat and sheep emergencies that we are unable to see, we recommend transporting to New Bolton Center. New Bolton Center can be reached via phone at 610-444-5800 and they are located at 382 W. Street Road, Kennett Square, PA 19348. Any appointment that is expected to be seen the same day or requires the doctors to alter their schedule will be considered an emergency/urgent appointment.

EMERGENCY FEES

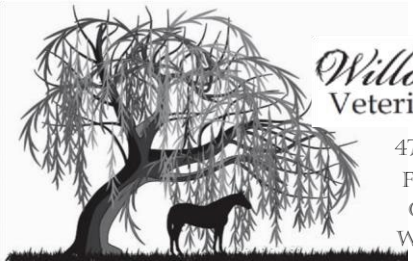
All goat and sheep emergencies that are seen by WCEVS will continue to incur an emergency fee regardless of the time of day that the emergency is reported to WCEVS. These fees are subject to change without notice and will differ depending on the time of day. Due to New Bolton Center being a teaching institution, they highly discount their goat and sheep emergency fees and services. New Bolton Center's prices are often equal to or even lower than our emergency care.

ROUTINE CARE

WCEVS will continue to see goats and sheep for routine and non-urgent sick appointments as the doctors' schedule allows. Please call our office at 610-926-4838 to schedule routine and non-urgent sick appointments.

I HAVE READ AND FULLY UNDERSTAND THE GOAT AND SHEEP EMERGENCY POLICY SET FORTH BY WCEVS AND I AGREE TO THE TERMS OF THIS POLICY.

_____	_____	_____
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 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. CareCredit is available when payment options are needed.
NOTE: Clients with goats at boarding facilities – **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)**
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.

Date: _____ Client Name: _____

I have chosen payment option number: 1 / 2 (circle 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/ Card #: _____

Name on Card: _____ 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

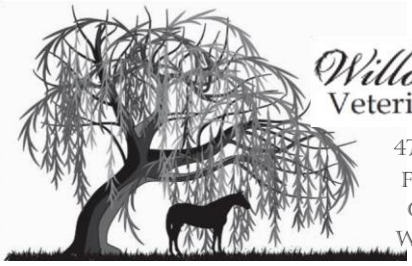
CareCredit Card # _____ Name on Card: _____

Requirement for CareCredit – Driver's License #_____ State: _____ Exp: _____/_____

Billing Address: _____

Email Address: _____

Signature: _____



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CLIENT & STABLE INFORMATION SHEET

Owner Information:

Name: _____ Spouse: _____

Driver's License #: _____ Spouse's Driver's License #: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Home Phone #: _____ Cell Phone #: _____

Email Address: _____ Preferred Contact Method: Phone Call / Email

Employer Name: _____ Work Phone #: _____

Billing Address Same as Mailing Address? Yes / No - If No, please fill out billing address below.

Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Barn Information: - Same as Owner's Address? Yes / No - If No, please fill out barn information below.

Barn Name: _____

Barn Contact (barn owner, agent, manager): _____

Address: _____

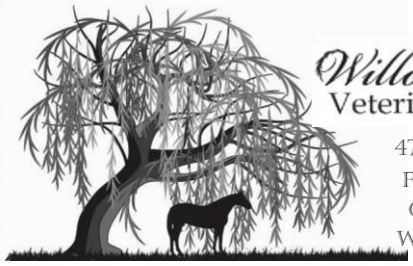
City: _____ State: _____ Zip Code: _____ County: _____

Barn Phone #: _____ Barn Contact Phone #: _____

I authorize the release of medical information about my goat(s) to my barn contact. Yes / No

I authorize my barn contact to act as an agent to make appointments for my goat(s). Yes / No

I authorize my barn contact to act as an agent to order medication(s) for my goat(s). Yes / No



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PATIENT INFORMATION SHEET – Do you OWN or LEASE this goat? – circle appropriate option.

Has this goat ever been treated previously by our clinic? Yes / No

Name: _____ Date of Birth/Age: _____ Breed: _____

Color(s): _____ Sex: Buck / Wether / Doe / Altered Doe

Registration #: _____ Microchip / Tattoo / Freeze Brand #: _____

Scrapie Tag #: _____ Scrapie Tag Location: Left Ear / Right Ear

Tag #: Left Ear _____ Right Ear _____

Are there multiple owners of this goat? Yes / No - If Yes, please fill out additional owner contact information below.

Name: _____ Phone #: _____

Address: _____ Email: _____

In case of emergency, notify: _____ Phone #: _____

Medical History:

Relevant History: (i.e. hoof rot, bloat, etc.) _____

Current Medications: _____

Current Supplements: _____

Breeding History (if any): _____

Deworming History: Last Product Used: _____ Date: _____

Fecal Testing: Date: _____ Results: _____

Vaccine History: - Please attach any medical and vaccine records from previous veterinarian.

Rabies – Date Last Given: _____ CDT – Date Last Given: _____

Any Additional Information: _____

Please use one sheet per goat – Thank you.