

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.

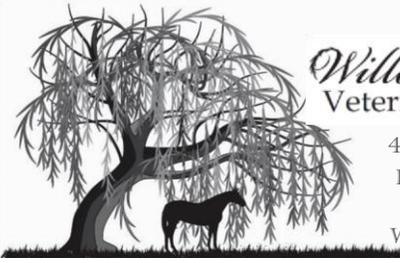
Unless prior arrangements are made with our Accounts Receivable Manager and the owners of WCEVS, payment in full will be expected at the time of service for any future services.

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 THIS 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 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 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)**

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: _____

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

Stable/Barn Name: _____

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

Address: _____

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

Stable/Barn Phone #: _____ Stable/Barn Contact Phone #: _____

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

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

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



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

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

Registered Name: _____ Barn Name of Horse: _____

Date of Birth/Age: _____ Breed: _____

Color(s): _____ Sex: Mare / Gelding / Stallion

Registration #: _____ Brand(s): _____

Microchip #: _____ Tattoo / Freeze Brand #: _____

Is this horse insured? Yes / No - If Yes, please fill out information below.

Insurance Company: _____

Are there multiple owners of this horse? 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. colic, Cushings, etc.) _____

Current Medications/Supplements: _____

Breeding History (if any): _____

Deworming History: Last Product Used: _____ Date: _____

Fecal Testing: Date: _____ Results: _____

Coggins Testing: Yes / No - If yes, please attach a current legible copy.

Float History: Date: _____ Performed By: _____

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

Rabies – Date Last Given: _____

EWT – Date Last Given: _____

WNV – Date Last Given: _____

Flu/Rhino – Date Last Given: _____

Potomac Horse Fever – Date Last Given: _____

Botulism – Date Last Given: _____

Pneumabort K - Date Last Given: _____

Pinnacle (Strangles) – Date Last Given: _____

Any Additional Information: _____

Please use one sheet per horse – Thank you.