



*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.**

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Client Signature

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Print Name

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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.**

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Client Signature

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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 goat(s) 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.

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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 & BARN 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 stable 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** — *Please update the following information for each goat if any changes occurred since last seen.*

Has this goat ever been treated previously by our clinic? Yes / No - If no, please fill out all the information below.

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 #: \_\_\_\_\_

Has this goat ever been treated previously by our clinic? Yes / No - If no, please fill out all the information below.

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 #: \_\_\_\_\_