



*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.

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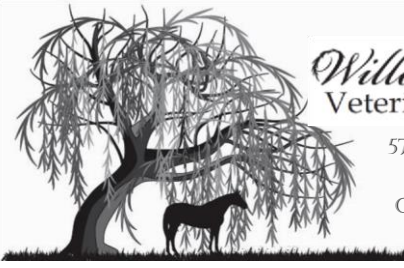
Client Signature

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Print Name

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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.

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Date \_\_\_\_\_ Name \_\_\_\_\_

I have chosen payment option number  1  2 (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 \_\_\_\_\_

Requirement for Care Credit – Driver's License# \_\_\_\_\_ State \_\_\_\_\_ Exp \_\_\_\_/\_\_\_\_

Billing Address \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Signature \_\_\_\_\_



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**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 \_\_\_\_\_

Please use additional sheets for multiple horses – Thank you



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**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