



GEORGIAN BAY EQUINE
VETERINARY SERVICES

Veterinary Service Contract

519-599-2100 * office@georgianbayequine.ca

Please Note: by signing this document you are forming a contract with Georgian Bay Equine. This contract creates certain rights and obligations including but not limited to those described on the second page of this contract.

Name(s):		
Mailing Address:		
Town/Prov/PC		
Phone:	Cell:	Work: Other:
Email:	Permission to transmit confidential information via email ie: medical records on your behalf, invoices etc. YES: 0 NO: 0	
Email address:		
* Preferred method of contact		

Horse Information				
Show name/barn name	Age	Breed	Colour	Gender

Relevant medical history (attach/email and medical records):

Previous Veterinary Practice: _____

Insurance Company/ Agent: _____

Barn Location	
Barn Name:	
Address:	
Barn Manager/ Trainer:	
Consent to act as client's authorized agent:	Yes: 0 No: 0
Authority for decision making:	Financial up to \$ _____ Medical care:



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ACCOUNT INFORMATION – Please review and sign below (required)

1. I authorize and provide consent for Georgian Bay Equine Veterinary Services to provide routine and emergency care and medications to my horses in my absence or on the authority of my agent listed above.
2. I agree to receive documentation electronically (via email), this includes, statements, documents, records and receipts.
3. I understand that payment is due at the time of service. Invoices are emailed as they incur within 1 business day. We accept payment by: Credit Card(Visa, MasterCard), Debit, E-transfer, Cash or Cheque (approved). New clients are required to have a credit card held on file. You may pay invoices with your choice of payment through the end of the month.
4. Statements will be emailed at month end for those accounts that have a balance outstanding. Your credit card on file will be charged for the total amount due on statement and the card will be charged on the 15th day of the month if other payment arrangements have not been made.
5. All pharmacy requests medications require 48 hours to fill, and will be charged to the credit card on file unless other payment is indicated. Medications may be sent out directly to your farm, shipping and handling charges apply.
6. This contract shall apply to all veterinary services provided by Georgian Bay Equine to all horses on your behalf, whether or not the horse(s) are listed on page one of this document.
7. Late charges shall be applied to all accounts overdue at a rate of 2% monthly with a minimum of \$5.00 service charge.
8. You represent that you are presently able to comply with the payment terms herein, and that if you should become unable to timely payment of outstanding invoices, you will contact Georgian Bay Equine Veterinary Services.
9. I understand that overdue account may lead to the suspension of services, emergency or otherwise provided by Georgian Bay Equine

356696 The Blue Mountains Euphrasia Town Line, Clarksburg On, N0H 1J0
519-599-2100 ~ office@georgianbayequine.ca ~ www.georgianbayequine.ca

Dr. Angie Hill

Dr. Cáit Ni Thuama

Dr. Lisa Costa



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Credit Card Information

Credit Card Type: _____ *Number:* _____

Expiry: _____ *CVC:* _____

Name on card: _____

Receipt Required: YES NO

Client Signature _____ Date _____

Printed Name: _____