



**Barnside Veterinary Services PC,  
460 29th ST NW, Naples FL, 34120  
Tel 914 620 2353**

### **VETERINARY SERVICE CONTRACT FOR DENTISTRY**

By signing this document you are forming a contract with Barnside Veterinary Services PC. This contract creates certain rights and obligations including those described on the second page of this contract.

#### **Horse Owner Information**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_(H,C,W)

Address: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_(H,C,W)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

#### **Horse Information**

Horse's Name: \_\_\_\_\_ Alt. Name: \_\_\_\_\_

Age: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Gender: \_\_\_\_\_

Location: \_\_\_\_\_ Date of last Dental Exam \_\_\_\_\_

Dental Problems Noticed \_\_\_\_\_

Authorized Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Has this horse been treated with any medications in the last 60 days? (This can include oral, intramuscular, intravenous or intra-articular injections) Yes No

If so, what? \_\_\_\_\_

Insurance Company (if any): \_\_\_\_\_

Policy # \_\_\_\_\_ Insurance Phone Number: \_\_\_\_\_

\*\*Payment is required at the time of service. Any payment from a medical claim will be sent to you directly. Barnside Veterinary Services PC does not bill the insurance company.

(Please turn over)

Terms and Conditions – Required

Please initial after each statement

1. This contract shall apply to any and all services provided by Barnside Veterinary Services PC to any and all horses on your behalf, whether or not the horse(s) are listed on the first page of this form. \_\_\_\_\_

2. I understand that I must pay all accounts in full at the time of service.  
If a credit card is provided, and you wish to have it charged at the time of service, we will agree to do so. Any time a charge is applied to your card, we will send you an invoice and receipt for your records. Credit card on file? YES NO \_\_\_\_\_  
(If yes, please fill out a credit card authorization form)

3. I understand that if payment is not received in full at the time of service, each monthly statement that is sent to me will be subject to a \$15.00 billing fee.  
I understand that a late fee of 1.5% per month or 18% annually will be applied to all accounts more than 30 days past due.  
Should Barnside Veterinary Services PC commence administrative and/or legal action to collect unpaid debt from me:  
a. I consent to personal jurisdiction of the courts of the State of Florida  
b. I agree to pay all costs, expenses and reasonable attorney’s fees incurred by Barnside Veterinary Services PC that are associated with such action;  
c. I agree that any such collection action shall be governed by the laws of the State of Florida \_\_\_\_\_

4. I hereby authorize Barnside Veterinary Services PC to provide routine dental care for my horse(s) at my request or at the request of my agent (Listed on front).  
I hereby authorize and direct the veterinarians of Barnside Veterinary Services PC to perform the procedures, diagnostics and/or treatments that are agreed upon by myself or agent at the time of service. I understand no guarantee has been made as to results or cure. I understand that there may be risks involved in some of these procedures. \_\_\_\_\_

5. I represent that I am presently able to comply with the payment terms set forth herein, and that if I should become unable to make timely payment of outstanding invoices, I will contact Barnside Veterinary Services PC. \_\_\_\_\_

**VETERINARY SERVICES WILL NOT BE PROVIDED WITHOUT YOUR SIGNATURE AND INITIALS INDICATING AGREEMENT WITH THESE TERMS.**

Print Legal Owner’s Name: \_\_\_\_\_

Owner’s or Authorized Agent’s Signature: \_\_\_\_\_

Guardian’s Signature (If owner is under 18 years old): \_\_\_\_\_

Date: \_\_\_\_\_