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Veterinary Services Agreement

Required for all new clients

Horse Owner Information

Name: _____ Spouse: _____

Mailing Address: _____

Home Address (if different): _____

Stable Address: _____

Home Phone: _____ Cell Phone: _____

Social Security #: _____ E-mail address: _____

Authorized agent for account: _____

I hereby authorize River Equine Veterinary Services, PLLC, to provide routine and emergency care to my horse(s) in my absence or at the request of my authorized agent. _____ Initial

Horse Information

| Horse Name (Registered and Barn) | Age | Breed | Color | Gender |
|----------------------------------|-----|-------|-------|--------|
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Veterinary Services Agreement

Required for all new clients

1. Payment in full is due at the time services are rendered.
2. Clients may elect for automatic payments via credit card; itemized invoices will be emailed to clients.
3. If payment for services rendered is not received in full within 30 days of service, client hereby authorizes River Equine Veterinary Services, PLLC to apply the charges to my credit card on file. _____ Initial
4. If paying by check, client is responsible for all bank charges incurred by River Equine Veterinary Services, PLLC if check is returned, in addition to a \$25 returned check fee. _____ Initial
5. Balances past 30 days will incur a 1.5% fee and a \$15 per month financing charge.
6. Delinquent accounts (30 days past due without a payment) will be pursued via small claims court or a collection agency. _____ Initial

Preferred Method of Payment

_____ Credit Card on File _____ Cash or Check at time of Services

If paying by credit card, the following information is required.

Credit Card #: _____ Exp Date: _____
 Security Code(3 digits): _____ Billing Zip Code: _____
 AMEX _____ DISCOVER _____ VISA _____ MASTER CARD _____
 Name on Card: _____

I agree to the terms as listed above by River Equine Veterinary Services, PLLC and agree to keep my account in good standing. I understand veterinary services will not be provided (routine or emergency) if my account is not held in good standing.

Signature: _____ Date: / /