



936 Fiorenza Dr.  
Lothian, MD 20711  
410-741-1473

### Application for Veterinary Services

*Agreement to be completed by Owner*

Legal Owner of Animals (over 18 years old) \_\_\_\_\_  
 Authorized Agent (farm manager, trainer, or lessor) \_\_\_\_\_  
 The person responsible for any charges incurred: \_\_\_\_\_  
 Owner Phone Number: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
 Owner Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
 Email \_\_\_\_\_  
 Credit Card (V / MC / D / AMEX / CareCredit) \_\_\_\_\_ v \_\_\_\_\_ exp \_\_\_\_/\_\_\_\_  
 Farm Name/Address \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ Phone Number(s) \_\_\_\_\_  
 Horse(s) Name: \_\_\_\_\_

Wolf Creek Equine, their Associates and Employees will hereafter be referred to as **Wolf Creek Equine**. Wolf Creek Equine's Professional Services, Medical Treatment, Prescribed Medications, and in particular Medical Judgements, will hereafter be referred to as **Services**. Animals, including any Herd of Animals will hereafter be referred to as **Animals**. The person responsible for payment of any and all charges will hereafter be known as **Responsible Party**.

It is acknowledged and understood that this agreement and the veterinary practice of Dr. Susan Mende, DVM is governed by Maryland State and the Maryland Department of Professional Regulation, as well as other applicable state and federal laws and regulatory rules.

**1. Fee Payment at Time of Services:** I understand that *payment is expected at the time Services are provided*. Acceptable forms of payment include cash, personal or business checks (subject to approval), MasterCard, Visa, American Express, Discover and Debit credit cards. Payment with check may require a Driver's License number.

**2. Non-payment of Fees at Time of Service:** I understand it is my responsibility to make arrangements with Wolf Creek Equine regarding payment in full of fees prior to requesting Services. I agree to pay a monthly billing fee of \$25.00, or 1.5% monthly (whichever is greater), which will be reflected on my monthly invoice.

**3. Credit:** Credit cards are the preferred method of credit. Wolf Creek Equine accepts MasterCard, Visa, American Express, Discover and Debit credit cards. In the event credit is needed to insure payment in full for Services, Wolf Creek Equine will hold a series of checks and deposit them on a schedule pre-arranged with the client. I understand that a minimum monthly payment will be required and to pay the monthly billing fee of \$25.00, or 1.5% monthly (whichever is greater), which will be reflected on my monthly invoice. Whenever a minimum payment is not received by Wolf Creek Equine, on or before the agreed upon date, a late charge of \$25.00 will be assessed to your account balance.

**4. Return Check Charge and Charge Backs:** I agree to pay Wolf Creek Equine \$25.00 for any check returned as unpayable or uncollectable for any reason. I agree to pay Wolf Creek Equine an additional \$25.00 for any credit card charge which is reversed, not approved, or otherwise uncollected. If the original invoice amount plus the additional \$25.00 charge is not paid within 14 days, then I agree to abide by the standard credit terms outlined in items #3 above.

**5. Warranties and Guarantees:** I understand that due to the nature of medicine, results are not guaranteed. No warranties, representations, or guaranties are made and I understand that fee payments are not 'contingent' on the outcome or results.

**6. Emergencies:** When available, we provide emergency care for all animals under the care of Wolf Creek Equine. Emergency Service can be obtained by calling **410-553-2812** during and after regular business hours. I understand that the payment policies outlined herein also apply to emergency treatments. I \_\_\_\_\_ agree that in the event that I, my Authorized Agent, or Emergency Contact are not available, I hereby Authorize / Do not Authorize (circle one) Wolf Creek Equine to provide emergency care for the Animals or Herd described. I agree to pay any and all fees up to \$ \_\_\_\_\_ without any further authorization needed. \_\_\_\_\_ (initial)

*(Please fill in the amount you agree to pay and initial: a minimum of \$300 to \$500 is recommended for equine patients)*

**7. Medications and Other Items:** I understand that all medications and items dispensed to my farm or myself are for use by the Animal described. I also understand that medications, full or in part, cannot be returned.

**8. Collection:** I ASSUME FINANCIAL RESPONSIBILITY FOR ALL CHARGES INCURRED BY THE ANIMAL(S) FOR SERVICES RENDERED AND UNDERSTAND THAT FULL PAYMENT IS REQUIRED. If it becomes necessary to use third party efforts to collect my past due balance, I agree to pay reasonable attorney's fees and court costs. I further agree that any legal action undertaken by either party shall be in a Court of Anne Arundel County, Maryland.

*\*\* Please read this document carefully before signing \*\**

**I have read, understood and accept all of the above and am over 18 years of age.**

Owner

Date