



Essex Equine, Inc

96 Hudson Road, Bolton MA 01740
p: 978.779.3345 f. 978.779.3348
info@essexequine.net

New Client Information and Agreement

Client Information		Today's Date:
Client name:	DOB:	
Home address:		
City:	State:	Zip:
Cell phone number:	<input type="checkbox"/> <i>OK to text</i>	Alt. phone number:
Driver's License state and number (required for check payment):		
Place of employment:		
Email address:		
Please choose one:		
<input type="checkbox"/>	I agree to electronic billing. Please email any invoices and billing statements to the above email address. I agree to keep my email address up to date.	
<input type="checkbox"/>	I would like to receive paper invoices and billing statements through the mail.	

Financial Policy

Essex Equine, Inc. 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.

All payments are expected at the time of service. Any outstanding balances are due within 30 days unless other agreements have been made with our Business Manager and the owners of Essex Equine, Inc. All payment plans/agreement forms must be completed prior to or at the time of service.

For your convenience, Essex Equine, Inc. accepts **cash, checks, Visa, MasterCard, Discover, AMEX, and Care Credit** and payments through Venmo, PayPal, and our [online portal](#).

Any unpaid balances after 30 days will be assessed interest at a rate of **1.5% per month** (18% annually.) 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.

I HAVE READ AND FULLY UNDERSTAND THE FINANCIAL POLICY SET FORTH BY ESSEX EQUINE, INC. 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.

Print Name

Signature

Date



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Credit Card Authorization Form

All clients are requested to keep an active credit card on file with Essex Equine, Inc. Please choose one option below, sign, and fill out the credit card information.

Option 1: Autopay

I authorize Essex Equine, Inc. to keep on file and charge the credit card given below for all services provided. I agree that this credit card will be charged for the full balance of my account after each service. I agree to keep this credit card up to date.

Print Name

Signature

Date

Option 2: Credit Card on file

I authorize Essex Equine, Inc. to keep on file the credit card given below. I will authorize payment after each service. I agree that if I have not made other payment arrangements within 30 days of service, this credit card will be charged for the full balance of my account. I agree to keep this credit card up to date.

Print Name

Signature

Date

Credit Card Information:

Card Type:	
Name on card:	
Billing Address:	
Billing Town, State, Zip	
Card Number:	
Card Expiration Date:	
Card CVV:	

Photographs

Unless directed otherwise, Essex Equine, Inc., its representatives and employees reserve the right to take photographs of clients and patients, and to copyright, use, and publish the same in print and/or electronically for the purpose of publicity, illustration, advertising, and web content.



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Patient Information	Patient #1	Patient #2	Patient #3
Registered/Show name			
Barn name			
Date of birth			
Breed			
Color			
Gender			
Is this horse insured?			
Microchip number			
Medical conditions			
Current medications			
Type of training/workload			
Name of boarding facility			
Address and phone # of boarding facility			
Contact person at farm			
Do you lease or own?			
If lease, owners name and contact information			

Alternate emergency contact name and phone number who can make decisions about your horse(s) if you cannot be contacted:

Any additional information we should know about your horse?

Consent

As the owner/agent for the above-named animal(s), I authorize Essex Equine, Inc. and their agents to treat these animals as they deem necessary. I assume responsibility for all charges incurred during the care for these animals. I acknowledge that there are no guarantees to the outcome of any treatment and there is an inherent risk in all procedures.

 Print Name

 Signature

 Date