



Cutting Edge Equine Veterinary Services

14411 Sunset Ridge Road, Woodstock IL
60098

815-675-1666

cuttingedgeequine@hotmail.com

Veterinary Services Agreement

Horse Owner Information (Please Print)

Name: _____ Social Security # _____

Address: _____ City: _____ Zip: _____

Cell #***: _____ Home # _____ Email: _____

(See page 2 for details on Text Messaging)

Horse Information:

Horse Name	Age	Breed	Use	Color	Gender

Stable: _____ Trainer: _____

Insurance: _____

Payment and Billing Preferences

Check here to have Statements Emailed:

Credit Card Information

Amex Visa Mastercard Card # _____

Exp. Date _____ CVC # _____

Name on Card _____

Authorized Signature _____

Agent Authorization

Agent's Name: (please print) _____ phone # _____

I authorize the above agent to make appointments and order medication for my horse(s) and give him/her permission to charge such appointments and medications to my credit cards.

Thank you for retaining Cutting Edge Equine Veterinary Services as your Equine Veterinary Health provider. This agreement will govern the veterinary services we provide to the horse owner, either directly or as approved by the authorized agent. This agreement applies to all horses owned or leased by the client and applies to any and all services, procedures, medications and farm calls, provided by Cutting Edge Equine, whether the horse is listed on the agreement or not.

*I authorize Cutting Edge Equine Veterinary Services to provide routine and emergency care to my horse(s) in my absence or at the request of my barn management or authorized agent. I authorize the use of any necessary sedation and medication(s).

Payment Policies

- I understand that payment is due upon receipt of my bill, and any late payments are subject to late fees.
- Payment is due in full within 20 days of invoice. If payment is not paid in this time frame, I allow Cutting Edge Equine to charge the remaining balance to credit card on file.
- Appointments must be cancelled or rescheduled 24 hours in advance of the appointment. If I am unable to comply with this, I understand a cancellation fee may be applied to my account, and I may be billed for any expenses associated with preparation for the appointment.
- Late charges will be applied at the amount of 18% APR with a \$10 minimum per billing cycle for any past due balance
- I agree to provide Cutting Edge Equine with current billing and address information and Authorize Cutting Edge Equine to update their records accordingly.
- If Cutting Edge Equine is forced to take administrative or legal action to collect unpaid invoices, I consent to personal jurisdiction of the courts of the State of Illinois. I agree to pay all costs, expenses and attorney's fees incurred by Cutting Edge Equine that are associated with such actions.

*By signing this Veterinary Service Agreement, I agree I have received and understand, and agree to comply with the attached terms and conditions of the agreement as a legally enforceable contract with Cutting Edge Equine and Dr. Nicole Wessel. I understand that services will not be provided without my signature and payment information. If I do not want charges to be automatically charged to my credit card, I understand the information above will be used to collect any late or non-payments

** Opt-in Cell Phone Messaging Details

Do you AGREE to receive text messages from **Cutting Edge Equine Veterinary Services** sent from **815.675.1666**.

Message frequency varies and may include appointment reminders, service or order information, etc.

Message and data rates may apply. Reply "STOP" at any time to end or unsubscribe. For assistance, reply "HELP" or contact support at 815.675.1666.

- Yes, I agree to receive text messages from Cutting Edge Equine Veterinary Services
- No, I do not want to receive text messages from Cutting Edge Equine Veterinary Services

See our Privacy Policy at: https://cuttingedgeequinevet.com/i_privacypolicy_CEEVS.html for details on how we handle your information.

OWNER'S SIGNATURE* _____ DATE _____