



g r a n d p r i x e q u i n e

VETERINARY SERVICE AGREEMENT

By signing this document, you are forming a contract with GRAND PRIX EQUINE, LLC. This agreement creates certain rights and obligations including, but not limited to, those described on the second page of this contract. Payment is required at the time of service or, by prior consent, within 10 days of statement date. Insurance payments for a major medical claim will be sent to you directly from your insurance company. The client can terminate this agreement at any time upon providing notice.

CLIENT INFORMATION

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

HOME or WORK PHONE: _____ MOBILE: _____

EMAIL ADDRESS: _____

HORSE INFORMATION

Show Name & Barn Name	Age	Color	Breed	Gender
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

BOARDING STABLE: _____ PHONE NUMBER: _____

TRAINER: _____ PHONE NUMBER: _____

AUTHORIZED AGENT for providing veterinary care: _____

Medical History:

Prior or Primary Veterinary Practice: _____

Mortality and Major Medical Insurance Company: _____

SERVICES REQUESTED (please initial the appropriate request for services)

1. Grand Prix Equine, LLC will provide **comprehensive care** to include yearly physical exams, vaccinations, Coggins tests, dental care, lameness exams & emergency services: _____
2. Grand Prix Equine, LLC will provide **limited services** to include primarily purchase exams and lameness evaluation but not to include emergency services: _____

ACCOUNT INFORMATION (please initial after each statement or mark appropriate space)

1. I would like my monthly statements sent to me via:
E-mail _____ **US Postal Service** _____ **Both** _____
2. AUTOPAY Option: Statements are sent on the 1st of each month. Upon request, we will automatically charge your credit card on the 8th of each month for all invoices incurred in the previous month. Any time a charge is applied to your card, we will send you a receipt for your records (please circle your choice): **YES NO**
3. I hereby authorize **Grand Prix Equine, LLC** to provide care to my horse(s) in my absence or at the request of my authorized agent. _____
4. This contract shall apply to any and all veterinary services provided by **Grand Prix Equine, LLC** to any and all horses on my behalf, whether or not the horse is listed on page 1 of this form. _____
5. I understand that I must pay my account in full within 10 days of statement date. _____
6. Late charges shall be applied to all overdue accounts at the rate of 1% monthly. _____
7. Should **Grand Prix Equine, LLC** have no choice but to commence administrative or legal action to collect an unpaid balance from you:
 - a. You consent to personal jurisdiction of the courts of the State of Connecticut over you. _____
 - b. You agree to pay all costs, including reasonable attorney's fees, incurred by **Grand Prix Equine, LLC** associated with such action. _____
8. You are presently able to comply with the payment terms herein. If you should become unable to make timely payment and incur an outstanding balance greater than 90 days, the credit card below will be charged by **Grand Prix Equine, LLC** for the outstanding balance. _____
Grand Prix Equine, LLC is not authorized to share this credit card information with any other party. If this agreement is terminated, the credit card information will be destroyed.

CC#: _____ Exp. Date: ____/____/____ Security code: _____

Name on card: _____

Signature: _____ Date: _____