



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 mutual consent.

CLIENT INFORMATION

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

HOME or WORKPHONE: _____ 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

Grand Prix Equine, LLC will provide **comprehensive care** to include yearly physical exams, vaccinations, Coggins tests, dental care, lameness exams & emergency services: _____

Grand Prix Equine, LLC will provide **limited services** to include primarily purchase exams and lameness evaluation but not to include emergency services: _____

ACCOUNT INFORMATION

I would like my invoices and statements sent to me via:

E-mail _____ **US Postal Service** _____ **Both** _____

I would prefer to pay for my veterinary care via:

Credit Card _____ **Check** _____

I understand that I must pay my account at time of service, or in full within 10 days of receipt of invoice or statement. _____ (please initial)

If payment is not received within 10 days, the provided credit card below will be charged for the remaining balance on the account. _____

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. _____

In my absence, I hereby authorize **Grand Prix Equine, LLC** to provide care to my horse(s) or at the request of my authorized agent. _____

You are presently able to comply with the payment terms herein. Late charges shall be applied to all overdue accounts at the rate of 1.5% monthly. At 90 days past due, a monthly late charge of \$25 will apply. _____

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 and collection fees, incurred by **Grand Prix Equine, LLC** associated with such action. _____

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:** _____

Grand Prix Equine, LLC P.O. Box 37 Hawleyville, CT 06440
Main & Fax: (203) 733-0789