



## VETERINARY SERVICE CONTRACT

By signing this document you are forming a contract with TNT EQUINE, PLLC. This contract creates certain rights and obligations including, but not limited to, those described on the second page of this contract.

### HORSE OWNER INFORMATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ ALT. PHONE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ PHONE \_\_\_\_\_

### HORSES INFORMATION

HORSE'S NAME: \_\_\_\_\_

AGE: \_\_\_\_\_ BREED: \_\_\_\_\_ COLOR: \_\_\_\_\_ GENDER \_\_\_\_\_

BARN: \_\_\_\_\_ PHONE: \_\_\_\_\_

AUTHORIZED A GENT: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

Has this horse been treated with any medications (joint injection, oral, intramuscular, or intravenous) in the last 60 days? If so please list \_\_\_\_\_

\_\_\_\_\_

Previous or current Veterinarian \_\_\_\_\_

Insurance Company (if any): \_\_\_\_\_ Policy # \_\_\_\_\_

\*\*Payment is required at the time of service. Any payment from a medical claim will be sent to you directly.

(over)

**ACCOUNT INFORMATION – REQUIRED – please initial after each statement**

1. I understand that I must pay all accounts in full at the time of service. \_\_\_\_\_
2. If you wish for us to automatically charge your credit card at the time of service, we will agree to do that. Any time a charge is applied to your card, we will send you a statement and invoice for your records. YES or NO \_\_\_\_\_
3. If we have not received payment in full at the time of service, each monthly statement that we send to you will be subject to a \$15.00 billing fee. \_\_\_\_\_
4. Late charges shall be applied to all accounts overdue at a rate of 1.5% monthly or 18% per annum. \_\_\_\_\_
5. I hereby authorize TNT Equine, PLLC to provide routine & emergency care to my horse(s) in my absence or at the request of my barn manager. \_\_\_\_\_
6. I hereby authorize and direct the veterinarians of TNT Equine to perform the procedures and additional diagnostic and/or treatment procedures as deemed advisable for my horse(s). I understand no guarantee has been made as to the results or cure. I understand that there may be risks involved in some of these procedures. \_\_\_\_\_
7. This contract shall apply to any and all veterinary services provided by TNT Equine, PLLC , to any and all horses on your behalf, whether or not the horse(s) are listed on the first page of this form. \_\_\_\_\_
8. Should TNT Equine, PLLC be forced to commence administrative and/or legal action to collect unpaid debt from you:
  - a. You consent to personal jurisdiction of the courts of the State of New Hampshire over you,
  - b. You agree to pay all costs, expenses and reasonable attorney's fees incurred by TNT Equine, PLLC, that are associated with such action.
  - c. You agree that any such collection action shall be constructed under and governed by the laws of the State of New Hampshire. \_\_\_\_\_
9. You represent that you are presently able to comply with the payment terms set forth herein, and that if you should become unable to make timely payment of outstanding invoices, you will contact TNT Equine, PLLC. \_\_\_\_\_

**VETERINARY SERVICES WILL NOT BE PROVIDED WITHOUT YOUR SIGNATURE AND INITIALS**

CREDIT CARD: \_\_\_\_\_ EXP. DATE \_\_\_\_\_ CVV \_\_\_\_\_  
Please circle one    AMEX    VISA    MASTERCARD    DISCOVER

PRINT LEGAL OWNER'S NAME: \_\_\_\_\_

OWNER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

GUARDIAN'S SIGNATURE (If Owner is under 18 years old) \_\_\_\_\_

**TNT Equine, PLLC**  
17 Members Way    Dover NH 03820  
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