

NEW ENGLAND EQUINE PRACTICE, P.C.

2933 Route 22

Patterson, NY 12563

(845) 878-7500 Fax. (845) 878-7562

NEEP@BESTWEB.NET

TREATMENT AUTHORIZATION

I hereby authorize the care and treatment of the horse, _____, by New England Equine Practice, P.C. I, the undersigned, owner or representative of the owner agree as follows:

1. I understand that while all reasonable care and attention will be given to my horse during the extent of stay with New England Equine Practice, P.C., its officers, agents and employees will not be liable for any loss or accident that may occur or any disease that may develop while or after it is hospitalized at the clinic.
2. If I decide to leave equipment with my horse, I understand that it is accepted with the understanding that New England Equine Practice, P.C. assumes no responsibility for loss of such equipment.
3. I understand that in some instances veterinary technicians under supervision and assistance of medical staff members will treat horses.
4. I acknowledge the attached financial policy and client payment options which I have signed and agree to the terms of same.
5. A deposit of \$5,000 upon admittance for all *emergency* surgical patients is required.
6. A deposit of \$2,500 upon admittance for all non-surgical *emergency* patients is required
7. A deposit of \$,1500 upon admittance of all other non emergency patients if required.
8. Facsimile, e-mail or other copies of this Treatment Authorization shall be deemed to be originals.
9. If your horse is referred to New England Equine Practice, P.C. for diagnostic testing i.e. Scintigraphy (bonescan) or MRI all information will be forwarded to the referral doctor and you are requested to call the referring doctor with any questions. Our reports and images will be forwarded to the referring doctor within 48 hours of the procedure. Your cooperation will be greatly appreciated.

I HAVE READ AND AGREE TO ACCEPT THE STIPULATIONS SET FORTH HEREIN.

Signature _____ Print _____ Date _____

Relationship to Patient _____ Owner _____ Trainer/Agent _____ Hauler _____

In addition to the above, if by any reason you fail to pay in full upon discharge of your horse, an additional 1.5% monthly finance charge will be applied to your outstanding balance and additionally, if there are ever any collection costs in connection with your failure to pay New England Equine Practice, P.C., including but not limited to attorney's fees you will be responsible for payment of these costs also.

PLEASE COMPLETE THIS PORTION ONLY IF YOU OR YOUR HORSE ARE A NEW TO NEW ENGLAND EQUINE PRACTICE, P.C.

Your Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Agent/Trainer Information:

Name: _____

Address: _____

Telephone No.: _____

Referring Veterinarian:

Name: _____

Practice Name: _____

Address: _____

Phone Number: _____

Feed/Medication schedule:

Name and Billing Address (if different):

Insurance Information:

Company: _____

Policy No: _____

Agent: _____

Phone No.: _____

Patient Information:

Name: _____

Age: _____

Breed: _____

Sex: _____

Color: _____

Special Problems or Vices: _____

New England Equine Practice, P.C.

2933 Route 22 | Patterson, NY 12563 | Phone 845-878-7500 | Fax 845-878-7562

Financial Policy

Thank you for choosing New England Equine Practice, P.C. Our primary mission is to deliver the best and most comprehensive veterinary care available for your horse. An important part of the mission is making the cost of optimal care as easy and manageable for our clients as possible by offering several payment options. New England Equine Practice, P.C. requires payment in full at the end of your horse's examination and/or at the time of discharge.

Payment Options:

You can choose from:

- Cash, Check, Visa[®], MasterCard[®], American Express[®] or Discover Card[®]
- Convenient Monthly Payment Options from the CareCredit[®] Healthcare CreditCard
 - o Available for any treatment amount we offer the 6 month deferred interest option or the 12 or 24 month plan which does not offer deferred interest.
 - o You can find information at www.carecredit.com

Deposit & Billing:

For hospitalized elective care such as bonescans, brachytherapy, elective surgeries, and admittance for non-surgical care, etc. **a deposit of \$1,500 is required.**

Emergency admission into the clinic for colic surgery requires a \$5,000 deposit to begin treatment and \$2,500 deposit for all other emergency admittances to the clinic.

We will charge 1.5% interest on all outstanding account balances older than 30 days. If you have an account 90 days past due, New England Equine Practice, P.C. may relinquish your balance owed to a collection agency.

Additional Policy Information:

New England Equine Practice, P.C. charges \$25 for returned checks. For clients with insurance, we are happy to provide the necessary documentation to submit a claim to your insurance carrier.

If you have any questions, please do not hesitate to ask. We are here to provide the best veterinary care available for your horse.

By signing below, you agree to the foregoing terms of payment:

Client/Owner Signature

Date

Client/Owner Name (Please Print)

Horse's Name

Breed

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Client Payment Options Form

Thank you for the opportunity to help you meet your horse's healthcare needs. Once treatment has begun, changes in the healthcare plan may be required depending upon results of diagnostics or changes in your horse's condition. We will contact you to discuss further treatment options.

New England Equine Practice, P.C. requires payment in full at the end of the examination and/or at the time of discharge. As a valued client and to ensure your horse receives the best care possible please indicate below which payment option you will be using:

Paid with:

- Cash
- Check
- Visa[®], MasterCard[®], American Express[®], Discover Card[®]
- Credit Card Number: _____
Exp. Date: _____ Sec. Code: _____
- CareCredit Account #: _____

If you have any questions, please do not hesitate to ask. We are here to provide the best veterinary care available for your horse.

By signing below, you agree to the foregoing terms of payment:

Client/Owner Signature Date

Client/Owner Name (Please Print)

Horse's Name Breed