



NEW CLIENT FORM /VETERINARY SERVICE AUTHORIZATION

Welcome to our Practice! Thank you for retaining Candlewood Equine (CE) as your provider for your horse's veterinary care. This agreement will govern the veterinary services we provide to the horse owner ("Client") either directly or as approved by an authorized agent listed in this Agreement.

This Agreement applies to all horses owned or leased by Client and applies to any and all veterinary services provided by CE, including but not limited to services, procedures, medicines, and farm calls to any and all horses on Client's behalf, whether or not the horse(s) is/are listed in this Agreement.

Client Information

Name: _____

Address: _____

City/State/Zip: _____

Cell Phone: _____ Work Phone _____ Home _____

Email Address: _____

Horse Information

Horse Name	Breed	Color	Age	Gender
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____

Boarding Stable if Applicable:

Stable Address _____

Stable Phone _____

Authorized Agent/Trainer for Providing Veterinary Care:

_____ Phone: _____

Emergency Contact other than Owner: _____ Phone: _____

Insurance Company (if any): _____

- I hereby authorize Candlewood Equine to provide routine & emergency care to my horse(s) at my request or at the request of my agent (listed above). I hereby authorize and direct Candlewood Equine to perform the procedures, diagnostics, and/or treatments that are agreed upon by myself or agent at the time of service. I understand no guarantee has been made as to results or cure. I understand that there may be risks involved in some of these procedures.

Legal Owner's Name (print): _____

Owner/Authorized Agent's Signature: _____

Guardian's Signature (If owner is under 18 years old): _____

Date: _____

Name _____

Address: _____

I understand and agree that:

- **I am financially responsible** for paying fees for veterinary services provided by Candlewood Equine, LLC for the animals listed on my Patient Registration(s) and for any finance and collection fees associated with my account.
- **Fees for 1st Appointment services are payable in full by credit or debit card.**
- **To Pay for Fees for veterinary services after the 1st appointment, I agree that:**
 - I will pay each invoice by automatic charge to a credit or debit card that I provide to Candlewood Equine, LLC. I will ensure that sufficient funds are available on the card to pay my invoice in full.
 - I want to be billed for veterinary services after the 1st appointment and agree to the following conditions: I will pay all Candlewood Equine, LLC invoices within 30 days of service date by cash, check or credit or debit card (MasterCard, Visa, Discover or American Express are accepted by Candlewood Equine, LLC as payment)
 - Any balance on my account that is unpaid 30 days after the original service date will be past due and subject to finance charges of 1.5% per month (18% per annum) plus a re-billing charge.
 - I grant authority to Candlewood Equine, LLC to pay any past due balance on my account via the credit/debit card I provided to them. I will have sufficient funds available on the card to pay the past due balance in full.
- **The authority to charge my credit or debit card remains in effect** until I cancel that authority via written notice to Candlewood Equine, LLC at least 30 days before my intended cancellation.
- I am 18 years of age or older and the legal Owner or designated Agent for the legal Owner of the patient(s) listed on my Candlewood Equine Registration(s). I have the authority to execute this document.

Signature: Owner or Agent for Owner

Printed Name: Owner or Agent for Owner

Date

CARD INFORMATION

Complete all fields below. Scan or photo this completed form and email it to candlewoodequine@sbcglobal.net. Call us at 860-355-7770 to provide the Card Number and Expiration Date by phone.

Circle Card Type: Visa Mastercard Discover American Express

Card Billing Address (Include house #/zip) _____

Cardholder Name (Please print) _____

Cardholder Signature _____ Date _____