



Cherry Creek Equine
2565 Gold Creek Drive, Elizabeth, CO 80107
303-841-6006 office@cherrycreekequine.com

Agreement for Veterinary Care

This agreement forms a contract between you and Cherry Creek Equine concerning the veterinary care for your horse(s). It creates rights and obligations, including but not limited to those listed below. Payment is required at the time services are rendered, unless you activate the credit card arrangement listed below. You can terminate this agreement at any time by contacting the office at 303-841-6006.

Client Information

Name: _____
Address: _____
City: _____ State: _____ Zip _____
Home Phone: _____ Work Phone _____
Mobile Phone: _____
E-Mail Address _____

Horse Information

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

Stable Information

Name of Stable: _____ Phone Number: _____
Trainer Name: _____ Phone Number: _____
Persons who can authorize veterinary care: _____
Mortality and/or Major Medical Insurance carrier: _____

Account Information

1. I authorize Cherry Creek Animal Clinic, PC (Cherry Creek Equine) to provide comprehensive care for my horses, including yearly physical exams, vaccinations, dental care, as well as for illness and emergency visits. **Initial** _____

2. I would like invoices and statements sent by: E-Mail _____ Postal Mail _____ Both _____

3. Credit Card Auto-pay options.

a) I would like Cherry Creek Equine to automatically charge my card for the balance due on the 5th of each month. Our office will send twice monthly statements to keep you informed of services as they are billed. **Initial** _____

or

b) I prefer to have my card charged at the conclusion of each visit. **Initial** _____

4. Any time your card is charged, we will send you a receipt.

5. I authorize you to provide care for my horse as directed by the authorized agents named above. **Initial** _____

6. This contract applies to all services provided by Cherry Creek Equine for all horses owned by me, whether listed above or not. **Initial** _____

7. Any balances not paid in full by the 10th of the following month, for any reason, will be assessed a service charge of 1.5% per month or \$10, whichever is greater, on the unpaid balance. This charge is to cover costs associated with rebilling and account management. **Initial** _____

8. If action becomes required to collect an unpaid balance from you, you agree to the following conditions:

a) I consent to jurisdiction for this transaction in Elbert County, CO. **Initial** _____

b) I agree to pay all costs associated with such a collection action, including attorney's and court fees and charges, as well as reasonable compensation for time spent by Cherry Creek Equine pursuing the collection action. **Initial** _____

9. I am currently able to comply with these terms and conditions. If my account becomes more than 90 days past due, Cherry Creek Equine will charge the card below to settle the outstanding balance. **Initial** _____

In order to terminate the contract, I will pay my outstanding balance completely. **Initial** _____

Cherry Creek Equine will not share this card information with any other entity. Upon termination of this contract, the card information will be destroyed.

Credit Card Number: _____ **Expiration Date** __/__/__
CVV code _____

Name on the Card: _____

Signature (required): _____ **Date:** _____