

**MOUNTAIN EMPIRE LARGE ANIMAL HOSPITAL**  
**Veterinary Service Agreement**

The veterinarians and staff at Mountain Empire Large Animal Hospital are committed to provide our patients and clients with quality and compassionate care. By signing this document, you are initiating a client/veterinarian relationship with Mountain Empire Large Animal Hospital. This relationship creates certain rights and obligations including, but not limited to, those described on the second page of this contract. This agreement applies to all animals owned or leased by client and applies to any veterinary services, including but not limited to, in or out patient services, medications, supplies, and farm calls to any animals on clients behalf.

**CLIENT INFORMATION:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Spouse Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ SS# \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Alternate phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

**PATIENT INFORMATION:**

Name: \_\_\_\_\_

Registered Name: \_\_\_\_\_

Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Color: \_\_\_\_\_

Sex: Male Female Mare Gelding Stallion (circle one)

**Mountain Empire Large Animal Hospital**  
**4340 N. Roan Street**  
**Johnson City, TN 37615-4641**  
**423-282-6194**

**MOUNTAIN EMPIRE LARGE ANIMAL HOSPITAL  
FINANCIAL POLICY AGREEMENT**

**Please initial at each statement**

\_\_\_\_\_ I understand that I must pay at the time of service or have my credit card on file billed when services are provided. (Your credit card will be kept on file in an electronically secure system)

\_\_\_\_\_ I agree to provide Mountain Empire Large Animal Hospital with current information regarding changes of address, phone numbers, credit cards, or exp dates.

\_\_\_\_\_ All hospitalized or surgical cases will require a deposit upon arrival and must be paid in full prior to discharge.

\_\_\_\_\_ All medications or supplies purchased at the hospital will be required to be paid at time of purchase.

\_\_\_\_\_ Late charges shall be applied at a rate of 1.5% per month.

Should Mountain Empire Large Animal Hospital be forced to pursue legal action to collect unpaid invoices from me:

\_\_\_\_\_ I consent to personal jurisdiction of the State of Tennessee

\_\_\_\_\_ I agree to pay all costs, expenses, and reasonable attorney fees.

CREDIT CARD INFORMATION: Visa \_\_\_ MC \_\_\_ Discover \_\_\_ Care Credit \_\_\_ Debit \_\_\_

Number: \_\_\_\_\_ Exp Date: \_\_\_ / \_\_\_ Security Code \_\_\_\_\_

Name on Card: \_\_\_\_\_ Phone#: (\_\_\_\_) \_\_\_\_\_

Billing address of card: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_

***\*Veterinary Services will NOT be provided without signature and complete information.***

**MOUNTAIN EMPIRE LARGE ANIMAL HOSPITAL  
STABLE INFORMATION FORM**

Registered Name \_\_\_\_\_ Barn Name \_\_\_\_\_

Breed \_\_\_\_\_ DOB/AGE \_\_\_\_\_

Mare Gelding Stallion (circle one) Color \_\_\_\_\_ Markings \_\_\_\_\_

Is Horse Insured? Y N (circle one) If yes, with who? \_\_\_\_\_

Vaccination/Medical History (Please list the date horse last received the following)

Eastern/Western Encephalomyelitis \_\_\_\_\_ West Nile \_\_\_\_\_

Tetanus \_\_\_\_\_ Rhino/Flu \_\_\_\_\_ Strangles \_\_\_\_\_

Rabies \_\_\_\_\_ Potomac Horse Fever \_\_\_\_\_ Botulism \_\_\_\_\_

Other Vaccinations \_\_\_\_\_ Date of last Coggins test \_\_\_\_\_

Last Deworming \_\_\_\_\_ With what product? \_\_\_\_\_

Dental History/Last Float? \_\_\_\_\_

Does horse have any medical conditions we should be aware of (HYPP,EPM, etc)? \_\_\_\_\_

Where is horse stabled \_\_\_\_\_ Phone Number(\_\_\_\_) \_\_\_\_\_

Authorized Agent \_\_\_\_\_

I authorize my agent/stable to make appointments and order medication for my horse and give them permission to charge such appointments/medications to my credit card. Yes No (circle one)

\_\_\_\_\_ I hereby authorize Mountain Empire Large Animal Hospital to provide routine and emergency care to my horse(s) in my absence or at the request of my barn management/trainer/authorized agent.

\_\_\_\_\_ If I am not present for emergency services and cannot be reached to discuss the horses condition, cost, and prognosis, I only authorize the following amount \$ \_\_\_\_\_ in services that can be provided until I am reached.

***Veterinary Services Will NOT Be Provided Without Signature And Initials***