

2020 Client/Patient Form



Firestar Veterinary Services, LLC
PO Box 305
Catlett, VA 20119
540-272-9467
firestarvetservices@icloud.com

An adult over 18 years of age must sign this form as the person financially responsible for the patient.

Client/ Owner(s) Name(s): _____

Street _____ City _____ Zip _____

E-mail address: _____

Mobile/cell: _____ Home: _____ Work: _____

Your Horse(s)'s Information: (you may put additional horses on the back of the page)

Name: Species: Breed: Color: Sex: DOB/Age:

1. _____

2. _____

3. _____

I hereby authorize the doctors at Firestar Veterinary Services, LLC to perform veterinary services on my horse(s). Should unexpected life-saving emergency care be required, and my attending veterinarian is unable to reach me or my agent, I hereby give my permission to provide such treatment and I agree to pay for such care. (For my detailed instructions on emergency care, please see also our emergency services form). I understand that I am encouraged to discuss all fees related to such care before services are rendered and during my horse's ongoing medical treatment.

*I understand that payment is due when services are rendered, and a credit card must be on file with the office. I understand that credit will **not** be extended. I agree that my credit card will be charged if payment in full is not received by Firestar Veterinary Services, LLC. Unless advance arrangements have been made. In the event of an overdue balance, I agree to pay a monthly billing and financing fee equal to 1.5% of the unpaid balance or \$5.00, whichever is greater. If legal action is necessary to collect unpaid invoices, I agree that all costs of collection will be charged to me. I understand that my first visit must be paid for – at the time of service.*

Signature: _____ Date: _____

Credit Card Authorization

MasterCard

Visa

Discover

Amex

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Expiration Date: _____ V# _____

Name on credit card for billing _____

Billing address for credit card: _____

Billing Zip code for credit card: _____

Please automatically charge my credit card for all charges incurred for each invoice.

For payment at my first visit I would like to use:

Credit card Check Cash

Please automatically charge my credit card for all charges incurred on a monthly basis by monthly statement.

(This option is only for trainers & approved multi horse owners)

I understand that credit will not be extended by Firestar Veterinary Services, LLC. I agree that my credit card will be charged in full if no other arrangements have been made with Firestar Veterinary Services, LLC.

Signature: _____ Date: _____