

## 2019 Client/Patient Form



Firestar Veterinary Services, LLC  
PO Box 305  
Catlett, VA 20119  
540-272-9467  
[freckletondvm@icloud.com](mailto:freckletondvm@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): \_\_\_\_\_

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

E-mail address: \_\_\_\_\_

Mobile/cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_ Barn: \_\_\_\_\_

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 only be extended with the submission of a credit card number, which I agree will be charged if payment in full is not received by Firestar Veterinary Services, LLC within 30 days of service being given. 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

(Circle one)

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Expiration Date: \_\_\_\_\_ V# \_\_\_\_\_

- ☐ Please automatically charge my credit card for all charges incurred on a monthly basis by monthly statement.
- ☐ Please automatically charge my credit card for all charges incurred for each invoice.
- ☐ Please send my statement by email. I authorize you to charge my credit card if you have not received my payment by check by the 25<sup>th</sup> of the month the statement was generated. Confirm email address: \_\_\_\_\_

- ☐ For payment at my first visit I would like to use:
- ☐ Credit card   ☐ Check   ☐ Cash

*I understand that credit will only be extended by Firestar Veterinary Services, LLC with the submission of a credit card number, which I agree will be charged if payment in full by check or cash is not received by Firestar Veterinary Services, LLC within 30 days of service being given.*

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

