



g r a n d p r i x e q u i n e

## VETERINARY SERVICE AGREEMENT

By signing this document, you are forming a contract with GRAND PRIX EQUINE, LLC. This agreement creates certain rights and obligations including, but not limited to, those described on the second page of this contract. Payment is required at the time of service. Insurance payments for a major medical claim will be sent to you directly from your insurance company. The client can terminate this agreement at any time upon mutual consent.

### CLIENT INFORMATION

First and Last Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street address) (City) (State) (Zip Code)

Mobile Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### BILLING INFORMATION

(Credit card is required prior to the first appointment)

CC#: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ CSC: \_\_\_\_\_  
(Visa, Mastercard, Discover, American Express / Care Credit not accepted)

Name on card: \_\_\_\_\_ Signature: \_\_\_\_\_

### HORSE INFORMATION

Show Name & Barn Name	Age	Color	Breed	Gender
_____	_____	_____	_____	_____

### BOARDING INFORMATION

Farm Name & Address: \_\_\_\_\_

Trainer Name: \_\_\_\_\_ Trainer Phone Number: \_\_\_\_\_

Authorized Agent for providing veterinary care: \_\_\_\_\_

### MEDICAL HISTORY

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mortality and Major Medical Insurance Company: \_\_\_\_\_

**SERVICES REQUESTED (please check only one):**

Grand Prix Equine, LLC will provide **comprehensive care** to include yearly physical exams, vaccinations, Coggins tests, dental care, lameness exams & emergency services.

Grand Prix Equine, LLC will provide **limited services** to include primarily purchase exams and lameness evaluation but not to include emergency services.

If option B for **limited services** is selected, please provide the name of your primary veterinary practice:

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**ACCOUNT INFORMATION**

I would like my invoices and statements sent to me via:

E-mail

E-mail and US Postal Service

I would prefer to pay for my veterinary care via:

Credit Card

Check

Please read and initial the following statements:

I understand that if I select 'credit card' above, payment will be automatically deducted on the next business day after receipt of your e-mailed invoice. \_\_\_\_\_

I understand that if I select 'check' above and payment is not received within 90 days, the provided credit card will be charged for the remaining balance on the account. \_\_\_\_\_

This contract shall apply to any veterinary services provided by **Grand Prix Equine, LLC** to any and all horses on my behalf, whether or not the horse is listed on this form. \_\_\_\_\_

In my absence, I hereby authorize **Grand Prix Equine, LLC** to provide care to my horse(s) or at the request of my authorized agent. \_\_\_\_\_

You are presently able to comply with the payment terms herein. Late charges shall be applied to all overdue accounts at the rate of 3% monthly (this rate is subject to change). At 90 days past due, a monthly late charge of \$25 will apply. \_\_\_\_\_

Should **Grand Prix Equine, LLC** have no choice but to commence administrative or legal action to collect an unpaid balance from you:

- a. You consent to personal jurisdiction of the courts of the State of Connecticut over you. \_\_\_\_\_
- b. You agree to pay all costs, including reasonable attorney's fees and collection fees, incurred by **Grand Prix Equine, LLC** associated with such action. \_\_\_\_\_

**Grand Prix Equine, LLC** is not authorized to share credit card information with any other party. If this agreement is terminated, the credit card information will be destroyed.

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

**Additional Horse Information:**

Show Name & Barn Name	Age	Color	Breed	Gender
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

This form must be e-mailed as an attachment to [info@grandprixequine.com](mailto:info@grandprixequine.com) upon completion.