



2140 Maple Drive
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Fax: (715)342-0212 corrientevet.com

Date: ___ / ___ / ___

PAYMENT & CREDIT POLICY AGREEMENT

Thank you for choosing *Corriente Veterinary Service* as your provider of veterinary health services. Payment is expected at the time of service for all clients until credit has been established. For all clients for whom credit has been established, payment is due upon receipt of each invoice or statement. In order to accommodate this courtesy, we ask that you provide the following information and agree to the terms and conditions below.

HORSE OWNER / RESPONSIBLE PARTY INFORMATION (please print – must be at least 18 years old)

Name: _____ Cell Phone: _____
Address: _____ Home Phone: _____
City: _____ State: _____ Zip Code: _____
email: _____ Other Contact: _____

We accept cash, checks, Visa, MasterCard, and Discover cards. *All clients must place a credit card on file to receive credit.* Payment is due within 30 days of receipt of each invoice or statement. We also offer payment plans through CareCredit. Please call the office or visit www.carecredit.com for more details.

ACCOUNT TERMS (Required – Please initial each statement on the lines following each)

- 1) I understand that I must pay all accounts in full upon receipt of invoice/monthly statement. _____
- 2) If your wish is for us to automatically charge your credit card after services provided, we agree to do so. Any time a charge is applied to your card, we will send you an invoice or statement and receipt for your records. Circle one: YES NO _____
- 3) Payment in full is required within 30 days of statement date. If payment is not received within this time, I agree to settle my account by allowing CORRIENTE VETERINARY SERVICE to automatically charge the balance to my credit card. _____
- 4) If payment is not made in full within 30 days, CORRIENTE VETERINARY SERVICE will be unable to provide new services until balance is paid in full. _____
- 5) I hereby authorize CORRIENTE VETERINARY SERVICE Corriente to provide preliminary care if an emergency arises until able to reach myself or person designated to authorize treatment. _____
- 6) This contract shall apply to any and all veterinary services and products provided by CORRIENTE VETERINARY SERVICE, to any and all horses on my behalf. _____
- 7) Late charges shall be applied to all accounts overdue at at rate of 1% per month (12% annually). _____
- 8) Should CORRIENTE VETERINARY SERVICE be forced to commence administrative and/or legal action to collect unpaid invoices from me:
 - a. I consent to personal jurisdiction of the courts of the State of Wisconsin over me. _____
 - b. I agree to pay all costs, expenses, and reasonable attorney's fees incurred by CORRIENTE VETERINARY SERVICE that are associated with such action. _____
- 9) I agree to provide CORRIENTE VETERINARY SERVICE with current information and data regarding any changes in address, credit cards or expiration dates, and CORRIENTE VETERINARY SERVICE is authorized to revise its records accordingly. _____
- 10) I represent that I am presently able to comply with the payment terms herein, and that if I should become unable to make timely payment of outstanding invoices, I will notify CORRIENTE VETERINARY SERVICE. _____

By signing below, I agree I have read, understand, and voluntarily agree to comply with the terms and conditions of this agreement as a legally enforceable contract with CORRIENTE VETERINARY SERVICE. I further understand and agree that **veterinary services will not be provided without my initials where requested above and my signature below and payment information.** If I decline to provide a credit card, I realize that I must provide payment at each appointment and the provisions enumerated above will be in effect for instances of late or non-payment as indicated.

Owner Signature

Printed Name

Date

Credit card information will be stored in a safe, not digitally, for your protection.

r.01/2018