



Mount Vernon Animal Hospital
316 Vernedale Dr.
Mount Vernon, Ohio 43050
740-397-6958

Robert Krueger, DVM Jessica Krueger, DVM Stephanie Vijan, DVM

Welcome Equine
Client Service Agreement

Name:
DOB: Driver License#
Social Security Number: *Required for billing and submitting a check!
Spouse/Partner:
Home Address:
City: State: Zip Code
Home Phone: Cell: Email: @

Horse Information:
Registered Name/Registered Number: /
Barn Name:
Breed: Age: Sex:
Anticipated discipline/career: Stabled at:
Appointment Reason/Goal:
Is this for a Pre-Purchase Exam? Y/N **Please fill out additional PPE Paperwork!

Billing Information:
Name of Credit Card Holder as listed on Card:
Check one: Visa MC AmEx Discover CareCredit
Credit Card Number: Security Code:
Exp Date:
Credit Card Billing Address (if different from Prospective Buyers)

Signature giving authorization to charge card once exam is complete:
Date:

Authorization and Payment

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described animal. I assume responsibility for all charges incurred in the care of this/these animals. ALL PROFESSIONAL FEES ARE DUE AT THE TIME THAT SERVICES ARE RENEDEDERED. We will gladly preparad a written estimate if you desire. (Please ask our Dr. or Staff) I also understand that these charges will need to be paid in full at the time services. In case of extensive medical or surgical procedures where full payment may be difficult at discharge, our office accepts Visa, Mastercard, American Express, and Care Credit. There will be a service charge for any check returned unpaid. Also any unpaid balance can result in a monthly service charge.

Signature: Date

Additional Horses:

Horse Information:

Registered Name/Registered Number: _____ / _____

Barn Name: _____

Breed: _____ Age: _____ Sex: _____

Anticipated discipline/career: _____ Stabled at: _____

Appointment Reason/Goal: _____

Is this for a Pre-Purchase Exam? Y/N

Horse Information:

Registered Name/Registered Number: _____ / _____

Barn Name: _____

Breed: _____ Age: _____ Sex: _____

Anticipated discipline/career: _____ Stabled at: _____

Appointment Reason/Goal: _____

Is this for a Pre-Purchase Exam? Y/N

Horse Information:

Registered Name/Registered Number: _____ / _____

Barn Name: _____

Breed: _____ Age: _____ Sex: _____

Anticipated discipline/career: _____ Stabled at: _____

Appointment Reason/Goal: _____

Is this for a Pre-Purchase Exam? Y/N

Horse Information:

Registered Name/Registered Number: _____ / _____

Barn Name: _____

Breed: _____ Age: _____ Sex: _____

Anticipated discipline/career: _____ Stabled at: _____

Appointment Reason/Goal: _____

Is this for a Pre-Purchase Exam? Y/N