

Mountain Point Equine Hospital, PLLC

Client Information Form

PERMISSION TO PROVIDE MEDICAL OR SURGICAL CARE FROM MOUNTAIN POINT EQUINE HOSPITAL, LLC

I _____ hereby grant permission to Mountain Point Equine Hospital, PLLC and any of its employees to provide the animal(s) evaluated with any medical or surgical care that they may deem necessary to aid in the health and well-being of the above mentioned animal(s). I acknowledge that this contract is viable for any animal, listed or not listed above, that Mountain Point Equine, PLLC provides services for. I further authorize the aforementioned to provide any first aid, preventative medicine, diagnostics, treatments, surgical care, rehabilitative or emergency treatments they deem necessary for the health and well-being of these animal(s). I realize that by signing below I agree to all the information within this contract for any and all future services provided by Mountain Point Equine Hospital, PLLC. I understand that there are always possible complications and risks to the animal(s) being treated from the first aid, preventative medicine, and diagnostics, treatments, and surgical care, rehabilitative or emergency treatments provided by the aforementioned. I understand that these complications and risks may lead to further illness or even death of the listed or not listed animal(s). I release Mountain Point Equine Hospital, PLLC from any and all liability of any and all complications, injuries, and damages that may occur to the listed or not listed animal(s), to myself, all persons and property not associated with Mountain Point Equine Hospital, PLLC as a result of the first aid, preventative medicine, diagnostics, treatments, surgical care, rehabilitative or emergency treatments provided for the above animal(s).

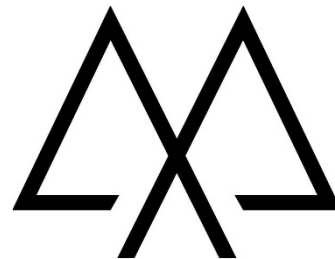
I understand that I am financially responsible for all first aid, preventative medicine, diagnostics, treatments, surgical care, rehabilitative or emergency treatments provided for the above animal(s) by Mountain Point Equine Hospital, PLLC. If Mountain Point Equine Hospital, PLLC has a credit card on file in which I provided, I am giving them permission to charge the card for any amount owed at any time. I understand that if I am not the owner of the animal(s) listed above that I am taking full responsibility for all that is listed above by signing the consent form below. I understand that payment in full is expected at the time of service. If I do not pay in full at the time of service, I do understand that I will be invoiced immediately for the balance and that a 2% finance fee (2% per month or 24% APR) will be added to the owed balance every 30 days of delinquency. There will be an additional attorney's fees, court costs, filing fees, and all collection costs which may be assessed by any collection agency retained to peruse the matter. I understand all of the above paragraphs and agree to all the material within. By signing below, I acknowledge that I am at least 18 years of age or older.

(Signature)

(Date)

(Witness)

(Date)



MOUNTAIN POINT
EQUINE HOSPITAL

Owner and Patient Information Form



MOUNTAIN POINT
EQUINE HOSPITAL

Owner Information

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Place of Work _____ Work Phone: (____) _____

E-mail: _____

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Emergency Contact Information - Persons authorized to make veterinary treatment decisions in event owner cannot be reached.

Emergency Contact Name: _____ Emergency Contact Phone: (____) _____

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Animal(s) Information

NAME	AGE	BREED	SEX (Circle)			COLOR
			Mare	Stallion	Gelding	
			Mare	Stallion	Gelding	
			Mare	Stallion	Gelding	
			Mare	Stallion	Gelding	

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Preferred Method(s) of Contact (appointment reminders, check-ups, etc.)

- Call
- Text - cell provider: _____
- E-Mail

Would you like to receive our newsletter? YES NO