



**Twin Pines Equine Veterinary Services, LLP  
1 Colonel Brown Rd. Griswold, CT 06351**

**Phone: 860-376-4373 Fax: 860-376-3263**

**VETERINARY SERVICE CONTRACT**

By signing this document, you are forming a contract with Twin Pines Equine Veterinary Services, LLP. This contract creates certain rights and obligations including those described below.

**In order to be considered a client in good standing at Twin Pines Equine Veterinary Services, LLP we must have a veterinary/client/patient relationship. A valid VCPR means we have provided routine care of that patient within the past 12 months. If this is not the case, we cannot guarantee coverage for emergencies.**

**Client Information**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_(H,C,W)

Address: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_(H,C,W)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please fill out attached Patient Information Form and return with this document.**

**Terms and Conditions – Required**

Please initial after each statement

1. This contract shall apply to any and all services provided by Twin Pines Equine, LLP to any and all horses on your behalf. \_\_\_\_\_

2. I understand that I must pay all accounts in full at the time of service.  
If a credit card is provided, and you wish to have it charged at the time of service, we will agree to do so. Any time a charge is applied to your card, we will send you an invoice and receipt for your records. Credit card on file? YES NO \_\_\_\_\_  
(If yes, please fill out a credit card authorization form)

3. I understand that if payment is not received in full at the time of service, each monthly statement that is sent to me will be subject to a \$15.00 billing fee.  
I understand that a late fee of 1.5% per month or 18% annually will be applied to all accounts more than 30 days past due.

**Continued On Back →**

Should Twin Pines Equine, LLP commence administrative and/or legal action to collect unpaid debt from me:

- a. I consent to personal jurisdiction of the courts of the State of Connecticut or the State of Rhode Island (as applicable) over me;
- b. I agree to pay all costs, expenses and reasonable attorney’s fees incurred by Twin Pines Equine, LLP that are associated with such action;
- c. I agree that any such collection action shall be governed by the laws of the State of Connecticut or the State of Rhode Island (as applicable).

4. I hereby authorize Twin Pines Equine, LLP to provide routine & emergency care to my horse(s) at my request or at the request of my agent (Listed on front).

I hereby authorize and direct the veterinarians of Twin Pines Equine, LLP to perform the procedures, diagnostics and/or treatments that are agreed upon by myself or agent at the time of service. I understand no guarantee has been made as to results or cure. I understand that there may be risks involved in some of these procedures.

5. I represent that I am presently able to comply with the payment terms set forth herein, and that if I should become unable to make timely payment of outstanding invoices, I will contact Twin Pines Equine, LLP.

6. We believe that our team has the right to work in a safe environment and expect our clients to always treat our group with courtesy, consideration, and respect. This applies to all means of communications, such as verbal, in person and written. Any behavior or conduct that is deemed abusive, aggressive, unwarranted, or violent will result in termination of the veterinary-client relationship.

If you wish to be enrolled in our digital Monthly Newsletter, please check here.

We often take pictures of cases for educational purposes. If you prefer we do not share any images of you or your horse(s), please check here.

How did you hear about Twin Pines Equine? \_\_\_\_\_

**VETERINARY SERVICES WILL NOT BE PROVIDED WITHOUT YOUR SIGNATURE AND INITIALS INDICATING AGREEMENT WITH THESE TERMS.**

Print Legal Owner’s Name: \_\_\_\_\_

Owner’s or Authorized Agent’s Signature: \_\_\_\_\_

Guardian’s Signature (If owner is under 18 years old): \_\_\_\_\_

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

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