

Carolyn Todd, BVMS MRCVS  
Edgardo Fullana, DVM  
Alexis Torre, DVM  
Allison Howard, DVM



## SERVICE AGREEMENT

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

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: (Cell) \_\_\_\_\_ (Home) \_\_\_\_\_

Email: (for billing) \_\_\_\_\_ Reminders sent via Email  or Text

Horse Name \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_ Sex \_\_\_\_ Color \_\_\_\_\_

Horse Name \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_ Sex \_\_\_\_ Color \_\_\_\_\_

Horse Name \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_ Sex \_\_\_\_ Color \_\_\_\_\_

Horse away from home? If so - Address: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

- Your agreement to pay for veterinary services is implied upon treatment of horse as approved by you or your trainer.
- The credit card below will be kept on file and charged after each service is performed.
- If there is any dispute over work performed or billing, client has 10 days from invoice date to reconcile the dispute with Harbour Ridge Equine.

*I agree to all the terms set forth above.*

I give authorization to run my credit card provided below at the time of service

I will be present at all appointments and pay with Cash, Card or Check at time.

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

Name on Credit Card: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ CVV: \_\_\_\_\_ Billing Zip: \_\_\_\_\_

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

[www.harbourridgeequine.com](http://www.harbourridgeequine.com)

PO Box 1288, Palm City, FL 34991 | Telephone 561.744.9026 • Fax 772.283.8296