

HENDERSON EQUINE SERVICES

STAN HENDERSON DVM
JACKIE HENDERSON DVM
MELANIE PFEFFER DVM

519-318-3274

hendersonequineservices@gmail.com hendersonequineservices.com

New Client Form

Name:	Text Me
Phone #:	Email:
Billing Address:	
Barn Address:	
Prefer to have invoice:	<input type="checkbox"/> Mailed <input type="checkbox"/> Emailed
Emergency Contact:	
Phone #:	

Registered Name	Nickname	Breed	Age	Sex	Color/Markings	Current Meds/Supplements

* PLEASE FORWARD HORSES VET RECORDS FROM PREVIOUS VET TO

henderosnequineservices@gmail.com *

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New Client Agreement:

I _____ (print name), then client, agree to the following: (please initial)

_____ I acknowledge that no veterinary procedure is without some risk to the animal. I accept all potential risks including any complications that may develop as a result of this procedure and accept that complications may incur additional fees

_____ Henderson Equine Services will provide an estimate (written or verbal) at your request for approval prior to or during any appointment

_____ I agree to providing payment at time of service and understand a credit card is required on file, or deposit by etransfer. If payment is not provided at time of service, my credit card will be charged within 30 days or at the end of each month, whichever is sooner. Payment forms accepted at appointment are cash, cheque, etransfer or credit card.

I agree to send \$500 etransfer deposit to office@hendersonequineservices.com

OR

Fill in Credit Card Form

In the event of an overdue balance, a monthly billing and financing fee equal to 2% of the unpaid balance or \$2.00, whichever is greater.

_____ I understand there are inherent risks/dangers when working with both wild and domestic animals; and therefore, I agree to indemnify and hold harmless Henderson Equine Services, its employees, technicians, staff and representatives against any claims based on a theory other than negligence or gross negligence that may be brought on my behalf, or on behalf of my estate which includes a promise not to sue based upon buyer dissatisfaction or outcome of an executed procedure.

_____ I hereby authorize the doctors at Henderson Equine Services to perform veterinary services on my horse(s). Should unexpected life-saving emergency care be required, and my attending veterinarian is unable to reach me or my agent, I hereby give my permission to provide such treatment and I agree to pay for such care.

Signature: _____

Date: _____

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Emergency Coverage

Henderson Equine Services agrees to provide emergency coverage to all clients with a valid vet patient client relationship (VPCR). To maintain a valid VPCR Henderson Equine Services must have an annual exam and consult with patient/owner. Based on each patient's individual needs a wellness plan will be suggested including vaccines, dental and fecal/parasite control.

Henderson Equine Services shares on call coverage with Thames Road Veterinary Clinic. For emergencies please call the office at 519 318 3274. If it is after hours (office hours are Mon-Fri 9am-4pm) you will be directed to the on call veterinarian's phone number. You will be asked to either provide a credit card number or pay at the time of the emergency appointment to make the process simple for the on call veterinarian.

For certain emergency cases the patient may have to be trucked to the Henderson Farm facility in Denfield, ON to allow the patient to be seen more efficiently. Based on the veterinarians professional opinion they will advise if the patient is safe to travel.

For emergency teleconsults and in person visits there will be a fee based on professional time and treatments required.

In cases where the patient uses multiple veterinary clinics, we ask for emergencies you contact the clinic that most recently examined the patient to allow for the most up to date history and best continuity of care.

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CREDIT CARD AUTHORIZATION

Billing Information	
ADDRESS:	
CITY, STATE, ZIP:	
PHONE#:	EMAIL:

Credit Card Information		
<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa	
CARDHOLDER NAME:		
CARD NUMBER:		
EXPIRATION DATE:	SECURITY CODE:	BILLING POSTAL CODE:

Only charge card after client's permission

OR

Sign up for automatic payment with credit card