

NEW CLIENT INFORMATION AND CONSENT FORM

Client Information:

| Name(s): | | | |
|--|-----------------------|----------------------|-------------|
| Mailing Address: | | | |
| Street Address/PO Box | Town/City | Province | Postal Code |
| Home Phone: Ce | ll Phone: | Other ph | one: |
| Email: | Preferred meth | nod of communication | ? |
| Credit Card: Visa Mastercard <u>I agree to</u> I would like my credit card to be cha | | | |
| Credit Card Number: | | | |
| Legal Land Description: | | | |
| Directions to farm: | | | |
| | | | |
| Farm/Boarding Location (if different | <u>t than above):</u> | | |
| Trainer Name: | | | |
| Farm/Barn Name: | | | |
| Farm/Barn Address: | | | |
| Farm/Barn Phone Number: | Email: | | |

Treatment Authorization (please initial):

I am 18 years of age or older and do hereby authorize the veterinarian(s) and/or technician(s) of Align Equine Veterinary Services (AEVS) to examine and administer treatment as is considered necessary for my animal(s). An estimate of care options will be discussed prior to any treatments. In a life-threatening situation, stabilization may be instituted upon arrival, but no invasive or diagnostic treatment will be undertaken until it has been discussed with owner(s). I understand that AEVS may refuse services for any reason.

| In | the | event | that | Ι | am | not | present | at | the | appointment, | or | not | reachab | le | by ph | one, | I give |
|-----------|------|---------|----------|-----|-------|--------|----------|----|-----|--------------|----|-----|----------|----|-------|------|--------|
| | | | | | (| phon | e numb | er | | |) | pe | rmission | to | make | trea | atment |
| decisions | on m | y horse | e(s), in | clu | uding | g eutl | nanasia. | | | | | | | | | | |

Payment Authorization:

The undersigned understands that all fees are due at the time of service either by cash, debit card, credit card, or e-transfer. If there is no credit card on file or client does not possess a credit card there needs to be a minimum e-transfer of \$100 or 50% of the expected total balance, whichever is greater. In the event of etransfer, clients will be given to the last day on the month in which the appointment occurred to receive funds. If at that time the funds have not been received the credit card on file will be charged. Interest will be applied on any overdue amounts at the rate of 2% per month.

| Owner/Client Signature: | |
|-------------------------|--|
| Date: | |