

Crum Equine Veterinary Service, Inc.



1875 Rainbow Drive NW, Lancaster, OH 43130

(740) 653-6000 phone

(740) 653-6051 fax

crumequine@juno.com

www.crumequine.com

Dear Client:

Thank you for giving us the opportunity to care for your horse's medical needs. We are pleased to have you as a new client. It is our mission to provide high quality equine medical care and customer service to our patients and their owners. Our clinic staffs three full time veterinarians that are available for ambulatory appointments Monday through Friday 7:30 AM – 5:00 PM and for emergencies 24 hours a day, 7 days a week. Our office is open Monday through Friday 9:00 AM – 4:30 PM to assist you in scheduling an appointment.

To continue to allow us to invest in equipment, products and people to give you the excellent service you expect, we have developed a **Financial Policy** explaining our terms of payment. We ask that you please read and sign a copy of this policy and complete a **Payment Options Authorization Form**. These forms may be mailed or returned in person to our office or to one of our veterinarians at the time of service.

Your horse is our priority. We would appreciate you taking the time to complete the **Equine Patient Information Form** and returning it to us so we have accurate information on file. We are here to care for your horse and to assist you. If you have any questions, please do not hesitate to call our office at 740-653-6000.

Sincerely,

Crum Equine Veterinary Service



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For Office Use Only

Equine Information

Horse's Barn Name: _____

Horse's Registered Name: _____ Registration Number: _____

Date of Birth/Age: _____ Breed: _____ Color: _____ Gender: _____

Horse Location (Farm or Barn) Name: _____

Horse Location Address: _____

City: _____ State: _____ Zip: _____

Location Manager's Name: _____ Phone Number(s): _____

Owner's Name: _____

Owner's Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____ Cell Phone Number: _____

E-mail Address: _____ Work Phone Number: _____

Insurance Company (if any): _____ Phone Number: _____

Service Authorization

As the owner of the above named horse, I give the following authorization instructions to **Crum Equine Veterinary Service** for care of my horse. I agree to pay in full for all authorized services.

- I am the only person that may authorize any care, including emergency care.
- Only I may authorize routine or non-emergency care, but I authorize the following person/people to request emergency care.
- The following person/people may authorize any care including but not limited to emergency, non-emergency and prescriptions.

Authorized Person/People: _____

Authorized Person's Phone Number(s): _____

Owner's Signature: x _____ Date _____



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Financial Policy

Thank you for choosing Crum Equine Veterinary Service. Our mission is to provide the very best healthcare and service to our equine patients and their owners. One way we carry out this mission is to offer our clients several easy payment options.

Accepted Methods of Payment:

- Cash, Check, Money Order
- Visa®, MasterCard®, American Express®, Discover Card®
- CareCredit® (subject to credit approval) – www.carecredit.com – Low and 0% interest plans available
- PayPal or credit card via our website www.crumequine.com

Policy Information: (Please initial that you have read and agree to each statement.)

Payment is expected at time of service. If this is not possible, we may agree to a payment arrangement. *Initial* _____

There is a 1.5% monthly (18% annual) interest charge on all account balances over 30 days. *Initial* _____

If an account is 90 days past due and a payment has not been received within the last 30 days, we may refer the account to an attorney or collection agency and you will be responsible for all costs incurred. *Initial* _____

There will be a \$35.00 fee for all returned checks. *Initial* _____

A farm call fee may be charged to any client that misses an appointment. A \$25.00 fee may be charged to any client that does not give at least 12 hours notice to cancel an appointment. *Initial* _____

Agreement:

By signing below, you agree to the foregoing terms of payment:

Client/Owner Signature

Date

Client/Owner Name (Please Print)



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Payment Options Authorization Form

Please choose one of the following payment options, sign, date and submit to Crum Equine Veterinary Service. Thank you.

1. Pay At The Time Services Are Rendered

We accept cash, checks, Visa, Mastercard, Discover, American Express, and CareCredit.
(Clients with horses at a boarding or training stable must either leave one of the above forms of payment at the stable each time services are rendered or choose one of the next three payment options.) Returned check fee \$35.00.

2. Pre-approved Credit Card Payment

We will keep this credit card on file to charge it each time services are rendered, then mail a receipt along with an itemized list of services purchased.

3. Charge Monthly Account

We will keep this credit card on file. On the 25th of the month, we will send a statement for you to review. If we have not received payment in full by the 20th of the following month, we will charge the full balance owed to this credit card. In the event of a payment schedule, a monthly interest fee of 1.5% (18% annual) will be charged on any remaining balance.

4. CareCredit Account

CareCredit # _____

We will keep your CareCredit number on file and charge your account each time services are rendered, then mail a receipt along with an itemized list of services purchased.

If you do not currently have a CareCredit account, visit our website at www.crumequine.com and click on CareCredit Apply Now or call CareCredit directly at 1-800-677-0718.

Credit card # _____ MC __ Visa __ AmEx __ Discover __

Expiration date _____

Name on front of card _____

Address credit card statement is mailed to:

City _____ State _____ Zip code _____

I have chosen payment option # _____ and provided the necessary information.

Printed name _____

Signature _____ Date _____