



# Sporthorse Veterinary Services

Mark Silverman DVM, MS

1288 Calle Maria

San Marcos, CA 92069

(760) 798-4850 Office • (760) 798-4851 Fax

## NEW CLIENT INFORMATION AND AGREEMENT

THIS REPORT IS CONFIDENTIAL

Date: \_\_\_\_\_ Account Type: \_\_\_\_\_ Individual \_\_\_\_\_ Joint

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Horse's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Breed: \_\_\_\_\_ Coat Color: \_\_\_\_\_ Discipline: \_\_\_\_\_

List any sensitivities to food or medication: \_\_\_\_\_

Pertinent health/behavioral concerns: \_\_\_\_\_

Horse's Location: \_\_\_\_\_

Trainer: \_\_\_\_\_ Trainer's Phone: \_\_\_\_\_

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

Referred By: \_\_\_\_\_

Credit Card to be held on File: \_\_\_\_\_ Exp: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Authorization Signature: \_\_\_\_\_ Name on Card: \_\_\_\_\_

### PLEASE READ CAREFULLY: Sporthorse Veterinary Services Payment Policy

1. Payment is required at time of service on the first visit. Future visits may be billed monthly as long as a current credit card is maintained on file. Alternate payment arrangements can be made with approval from Sporthorse Veterinary Services pending a signed Payment Agreement being on file.
2. You agree to pay the charges associated with the veterinary services rendered to your animal(s). You also agree to pay all charges incurred during any periods when payment for such charges is pending determination by a third party. Any disputed amount must be reported to us in writing within ten (10) days of the original statement date or hereby forever waive any such claim.
3. All charges for goods and services are due and payable within 30 days of statement date; for any amounts unpaid after 30 days, a one and one-half percent (1.5%) accounting service charge will be added to the account.
4. We will discontinue providing veterinary services for any account that is 60 days past due, unless special arrangements have been made in advance. If we do not have a signed Payment Agreement on file 60 days post-service, we will charge the credit card account listed above for the full balance on your account, without duty to provide you with prior notice.

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5. There will be a service charge of Twenty-Five Dollars (\$25.00) which will be charged for any check drawn on an account in which insufficient funds are available for payment of the check; and an amount not to exceed Thirty-five Dollars (\$35.00) for any subsequent check(s) drawn on an account with insufficient funds available for payment of same.
6. Should your account be referred for collection (60 days post-service), you agree to pay the costs of collection, including any attorney fees and other reasonable costs of litigation. You may be required to update this agreement at any time by Sporthorse Veterinary Services, but not less frequently than annually.

I/We certify that the foregoing information has been supplied truthfully, accurately and voluntarily. I/We have read completely Sporthorse Veterinary Service's Payment Policy and understand and agree to all terms set forth in this agreement and to make payment promptly in accordance with these terms.

Signature: \_\_\_\_\_ Signature \_\_\_\_\_  
( Applicant) ( Joint Applicant)

Joint Client's Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Additional Horses:**

2) Horse's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Breed: \_\_\_\_\_ Coat Color: \_\_\_\_\_ Discipline: \_\_\_\_\_

List any sensitivities to food or medication: \_\_\_\_\_

Pertinent health/behavioral concerns: \_\_\_\_\_

3) Horse's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Breed: \_\_\_\_\_ Coat Color: \_\_\_\_\_ Discipline: \_\_\_\_\_

List any sensitivities to food or medication: \_\_\_\_\_

Pertinent health/behavioral concerns: \_\_\_\_\_

**Please list additional Animals or additional health concerns on the back of this form.**



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Dear New Client:

We would like to welcome you as a client of Sporthorse Veterinary Services. We appreciate the opportunity to provide you with the finest of veterinary care for your animal(s). We have included a copy of our vision statement and payment policy for your records.

Sincerely,

Dr. Mark Silverman DVM, MS

### Sporthorse Veterinary Services Vision Statement:

“Our goal is to set the standard for equine veterinary care, helping both the horse and rider achieve their greatest potential. We will maintain a balanced therapeutic approach, never losing site of the welfare of the horse in the pursuit of performance excellence. We will join the art of classical horsemanship, cutting-edge therapeutics and the latest technological advancements to provide a well thought-out approach aimed at preparing the equine athlete for the rigors of performance. While working to achieve these goals we will not lose track of the need for balance within our own personal and professional lives, having time for the enjoyment and support of our families and friends.”

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

( Applicant )

( Joint Applicant )

**New Client Copy**

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