



Gas Light Equine Veterinary Practice, PLLC

P. O. Box 1126 Prospect, KY 40059

Office: 502-222-9411

Web Site www.GasLightEquine.com

Welcome to Gas Light Equine Veterinary Practice. We are happy that you have chosen us to help you with all of your equine veterinary needs. We look forward to helping take care of your horses for years to come. In order to better serve you, please fill out and sign the form below with all of your contact information.

Owner Name _____

Address _____ City _____ State _____ Zip _____

Phone/Cell _____ Email _____

*Horse is stabled at:

Farm Name _____ Address _____

City _____ COUNTY _____ State _____ Zip _____

Horse Information

Name	Sex	Breed	Age	Color

Authorized Agent: (e.g. Owner, lease holder, barn manager, trainer)

Name/Relation: _____ Phone Number: _____

I authorize Gas Light Equine to provide veterinary care and grant permission to charge such services/medications to the responsible party's account.

Payment

We accept cash, check, and all major credit cards. Payment is due at time of service unless we have an active card on file for your account. We require every client to keep an active card on file if not paying at time of service.

Option 1: I authorize Gas Light Equine Veterinary Practice to charge my card on file within 48 hours of rendered service and/or product. (An itemized receipt will be sent via email upon payment).

Option 2: I prefer to pay at time of service via cash, check or card. If I and/or payment is unavailable at the time of service, I authorize Gas Light Equine Veterinary to charge my card on file for the resulting invoice(s).

Gas Light Equine Veterinary will provide any Insurance Co with information requested when the client's account is paid in full.

Payment Agreement

If I fail to pay all invoiced charges when due, I agree to pay the invoiced charges together with collection costs (including attorney fees), late charges (computed at 1.5% per month) and any other expenses involved in collection of the invoice(s). I also agree that any suit to collect these charges may be brought against me in Oldham County, KY.

Signature _____ Date _____

Card on File Authorization

I authorize Gas Light Equine Veterinary to keep the following card on file and to charge it for services and products rendered.

Credit Card Number _____ Expiration Date _____

Security Code _____ Billing Zip Code _____

Signature of Card Holder _____ Date _____