



P.O. Box 91
33B Kennedy Road
Tranquility, New Jersey 07879
Tel: 908-852-1300
Fax: 908-852-1316

Dear New Client,

On behalf of the entire East Coast Equine Veterinary Service staff, I'd like to take this opportunity to welcome you to our practice.

At East Coast Equine Veterinary Service, we pride ourselves on providing exceptional equine care. Our clients and patients are the most important part of our business, and our entire staff is dedicated to ensure your satisfaction.

Enclosed are a few documents to help you get acclimated with our practice. Please familiarize yourself with our policies and return the necessary forms. Should you have any questions, please call the office at 908-852-1300.

Sincerely,

Dr. Paul Zimprich
Owner



Welcome to East Coast Equine Veterinary Service! To help familiarize you with our practice, we have outlined our policies below. When you have finished reading our policies, fill out the enclosed **Policy Check List, Authorization/Consent for Treatment form** (one per horse) and a **Veterinary Service Agreement form**. These can be mailed, faxed, or scanned and emailed to our office. You can also access some of these forms on our website at www.ecevs.com under "forms". We cannot perform any services without this information. If you have questions please call the office at 908-852-1300.

Office Hours:

The office is open from 8 a.m. to 4:30 p.m. Monday through Friday; 8 a.m. to 12 p.m. on Saturday. After office hours, leave a voicemail which will be promptly returned.

Emergency Services:

If an emergency occurs **during office hours** please call the office at 908-852-1300 for assistance. Emergency calls are treated with the utmost attention by our office staff. If you have an emergency **after office hours**, please call the office and listen to the recording for the on-call emergency phone number. This phone is carried by the on-call veterinarian and is used **strictly** for emergencies occurring **outside of normal operating hours**. Please refrain from calling this number for non-emergencies or emergencies occurring during office hours.

Appointments & Scheduling:

All appointments must be made through the office. The office can schedule appointments at a specific time; however, emergencies happen. This will affect the schedule for the rest of the day. The office or veterinarian will update the client with an estimated time of arrival.

Our veterinarians request that the owner be present for the appointment. If the owner cannot be present we request that an authorized agent be available for the appointment. If no one can be present for the appointment the office **must** be notified in advance and the appointment will be rescheduled. It is imperative that an owner or agent is present to receive care instructions and/or medications.

Cancellations:

We understand that life can alter daily plans. If you need to cancel an appointment, please notify the office at least 24 hours in advance. We appreciate the notice so that a new

appointment can be made during that time and/or to provide our veterinarians with a more flexible schedule. If this policy is not followed, a fee may be applied to the client's account.

Payments & Billing:

We are committed to providing high quality care and services to our patients and clients. The staff at East Coast Equine is eager to spend time providing these services and insuring that your experience with us is superior. Our policy is **payment is due at the time of service**. A valid credit card on file is required for every client. We accept major credit cards (MasterCard, Visa, American Express, and Discover), checks, money order and cash. Credit cards will **not** be charged without prior authorization, unless the client is enrolled in our automatic payment program (details below). For the convenience of our clients, we also accept Care Credit.

Please promptly notify the office if there are any changes in payment information, address, phone number, horse location, and horse ownership. We require this information to be up-to-date so we can better serve you and your horse(s).

Medications dropped off or picked up in the office must be paid for upon receipt. Special order medications must be paid for at the time of order. For special order medications, simply call the office and our staff will assist you.

Finance charges will be assessed for outstanding balances that are sixty days past due and services will be suspended. Services will be reinstated upon full payment of the outstanding balance.

****If an emergency occurs for a client with an outstanding account, we require full payment of the emergency with an additional \$100 towards the outstanding balance at the time of emergency.**

Automatic Payment Program:

For the convenience of our clients, we offer an automatic payment program. When clients enroll in our EZ Pay program they authorize us to charge their credit card when services are rendered. We then send the client a receipt of payment. For more details please call the office.

Coggins & Coggins Resubmission Fee:

Clients must pay the balance on their account in order to receive their Coggins.

A Coggins resubmission fee is charged if erroneous information on a Coggins is provided by the owner/client. A resubmission charge is required because our staff must resubmit the Coggins through the state in order to correct the information. This will delay the receipt of a Coggins. We cannot stress enough to **please double check the information given to the office when a Coggins is performed.**

Script Fee:

East Coast Equine is a full service ambulatory veterinary clinic with an in-house pharmacy. A script fee will be charged if the client chooses to fill the medication through an outside dispensary. No script fee will be charged utilizing the in-house pharmacy.

The staff at East Coast Equine Veterinary Service is grateful for the opportunity to serve our clients. We hope that you have read through our policy document and have found it helpful. If you have any questions please call the office and we will gladly assist you.

Thank you for choosing us to provide your horse(s) with exceptional veterinary care.

East Coast Equine Veterinary Service

Policy Check List

After reading through our policy document, please fill out the following check list confirming that you have read and understand our policies and return it to our office.

I _____ have read and fully understand the policies
(please print name)
stated by East Coast Equine Veterinary Service as listed in their policy document provided to me. I understand that East Coast Equine Veterinary Service reserves the right to change any policy without prior notice.

The following is a list of policies covered in the document:

Office Hours

Emergency Services

Appointments & Scheduling

Cancellations

Payments & Billing

Automatic Payment Policy

Coggins & Coggins Resubmission Fee

Script Fee

(Signature)

(Date)



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Info@east-coast-equine.com

Authorization Consent for Treatment

Owner Name _____ Phone Number _____

Street Address _____ City _____

State _____ Zip Code _____

Horse Name _____ Breed _____

Gender _____ Color _____ Age _____

I am the owner or authorized agent for the owner, of the above-described horse and have the requisite authority to execute this consent. I hereby consent and authorize the performance of the following procedure(s) or operation(s):

Reason for Appointment: _____ Date of Appointment: _____

I understand that during the performance of the foregoing procedure(s), unforeseen conditions may be revealed that necessitate an extension or different procedure(s) than those set forth above. Therefore, I hereby consent to authorize the performance of such procedure(s) as are deemed necessary and desirable in the exercise of the veterinarian's professional judgment.

I authorize the use of appropriate sedation and/or other medication(s) and I understand that hospital support personnel will be utilized as deemed necessary by the veterinarian.

I have been advised as to the nature of the procedure(s) or operation(s) and the risks involved. I acknowledge that the results cannot be guaranteed.

I acknowledge that, in the course of treatment, it may be necessary for the owner, agent of the owner, or an employee of East Coast Equine to ride the above described horse. I hereby authorize and consent to such a ride and I agree to release, indemnify and hold East Coast Equine, its employees, agents, successors, volunteers, or assigns, harmless from and against any and all loss, damage, claim, liability, or responsibility of whatever kind and nature, including court costs and attorney fees, arising from, or incurred in connection with, injuries to myself or other persons or damage to property or to the above described horse which may arise by virtue of my riding or an employee of East Coast Equine riding the above described horse.

WARNING: UNDER THE NEW JERSEY EQUINE ACTIVITY LIABILITY ACT, EACH PARTICIPANT WHO ENGAGES IN AN EQUINE ACTIVITY EXPRESSLY ASSUMES THE RISKS OF ENGAGING IN AND LEGAL RESPONSIBILITY FOR INJURY, LOSS OR DAMAGE TO PERSONS OR PROPERTY RESULTING FROM THE RISK OR EQUINE ACTIVITIES.

I further agree that my authorized agent or I will pay all past and current charges on my account. Should I fail to comply with this policy, East Coast Equine is authorized to charge my credit card for the entire balance. I realize that my account is subject to interest charges on any overdue balances and that I am responsible for all collection costs if this invoice is not paid pursuant to its terms and conditions.

****VETERINARY SERVICES WILL NOT BE PROVIDED WITHOUT YOUR SIGNATURE & INITIALS ****

AMEX VISA MASTERCARD DISCOVER (circle one) CREDIT CARD # _____

Card Holder Name: _____ Card Holder Address: _____

Expiration Date: _____ CCV Number _____ (3 digits on back of card) (4 digits on front of AMEX card)

PRINT LEGAL OWNER'S NAME: _____

OWNERS SIGNATURE: _____ DATE: _____
(Facsimile signatures are deemed legal and enforceable in the state of New Jersey.)

GUARDIAN'S SIGNATURE (If Owner under 18 Years of Age): _____
(Account must be set up under both names if owner is under 18years of age)



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VETERINARY SERVICES AGREEMENT

Please Note: By signing this document, you are forming a legal and enforceable contract with East Coast Equine Veterinary Service, ("Hospital").

This contract creates certain rights and obligations including, but not limited to, those described on the second page of this contract, so please read it carefully.

All clients must pay for their appointment at time of Service.

Payment is required at the time of service unless other arrangements have been enforced. Insurance claim payments for a major medical claim will be sent to you directly from your insurance company. Thank you.

HORSE OWNER INFORMATION (please print)

NAME: _____

ADDRESS: _____

CITY: _____ ST _____ ZIP _____

PHONE # _____ CELL # _____ WORK # _____

EMPLOYER: _____ E-MAIL _____

HORSE INFORMATION

HORSE'S NAME(S): _____

Description of Horse: AGE _____ BREED _____ COLOR _____ GENDER _____

Stable: _____ Tel # _____

Authorized Agent: _____ Tel # _____

I authorize my agent to make appointments and order medication for my horse and give him/her permission to charge such appointments/medication to my credit card. Yes No (circle one)

I authorize the release of medical information about my horse(s) to my agent. Yes No (circle one)

Relevant Medical History:

Previous or Current Veterinarian: _____ Phone # _____

Insurance Company (if any): _____ Tel # _____

(Continued)

ACCOUNT INFORMATION (Required – please initial after each statement)

1. East Coast Equine Veterinary Service is not responsible for incorrect information regarding patients and clients. East Coast Equine Veterinary Service uses information provided by clients. _____
2. I understand that I must pay all accounts in full upon receipt of invoice and all hospital appointments must be paid before discharge. _____
3. I would like to sign up for EZ Pay to have my bills automatically charged to the credit card I have on file.
Any time a charge is applied to your card, we will send you an invoice for your records. Yes No (circle one)
4. If we have not received payment in full within 20 days of your invoice for ambulatory calls, this constitutes your consent to have your account settled by immediately charging the balance to your credit card. _____
5. I hereby authorize East Coast Equine Veterinary Service, to provide routine and emergency care to my horse(s) in my absence or at the request of my barn management/trainer/authorized agent. _____
6. I authorize the use of appropriate sedation and/or other medication(s) and I understand that Hospital personnel will be utilized as deemed necessary by the attending veterinarian. _____
7. This contract shall apply to any and all veterinary services provided by East Coast Equine Veterinary Service, including but not limited to, out-patient services, procedures, medicines and farm calls to any and all horses on your behalf, whether or not the horse(s) are listed on page one of this form. _____
8. Late charges shall be applied to your account on all overdue balances and will accrue over time. _____
9. Should East Coast Equine Veterinary Service be forced to commence administrative and/or legal action to collect unpaid invoices from you:
 - a. You consent to personal jurisdiction of the courts of the State of New Jersey. _____
 - b. You agree to pay all costs, expenses, and reasonable attorney's fees incurred by East Coast Equine Veterinary Service that are associated with such action. _____
10. You understand that you must cancel or reschedule an appointment 24 hours in advance of the appointment. If you are not able to comply with this policy, a fee of \$25 will be applied to your account and you may be billed for any charges associated with any and all services or supplies completed in preparation of the appointment. _____
11. You represent that you are presently able to comply with the payment terms herein, and that if you should become unable to make timely payment of outstanding invoices, you will notify East Coast Equine Veterinary Service. _____
12. I would like to receive my invoices via email. Yes No (circle one)

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**** VETERINARY SERVICES WILL NOT BE PROVIDED WITHOUT YOUR SIGNATURE & INITIALS ****

AMEX VISA MASTERCARD DISCOVER (circle one) CREDIT CARD # _____

Exp Date: _____ CCV code _____ (3 digits on back of card) (4 digits on front of AMEX card) *Zip Code _____

PRINT LEGAL OWNER'S NAME: _____

OWNERS SIGNATURE: _____ DATE: _____

(Facsimile signatures are deemed legal and enforceable in the state of New Jersey)

GUARDIAN'S SIGNATURE (If Owner under 18 Years of Age): _____

(Facsimile signature are deemed legal and enforceable in the state of New Jersey)

(Account must be set up under both names if owner is under 18 years of age)