



Success In Motion Veterinary Services, PLLC

Erin Kennedy, DVM

(509) 995-5103

www.successinmotionvet.com

Client Registration Form

Owner: _____

Address: _____

Email/ Phone: _____

Horse: _____ **Breed:** _____ **Age/Sex:** _____

History/Concerns: _____

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History/Concerns: _____

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History/Concerns: _____

CANCELLATION POLICIES:

1. Appointments that are cancelled with less than 24h or are a no show may incur a cancellation fee that will be between \$100-\$150 depending on distance.

PAYMENT POLICY:

1. Success in Motion Veterinary ONLY works with payment AT THE TIME OF SERVICE unless previous billing arrangements have been made.
2. If you are often not present at appointments and/or prefer a credit card on file so that your invoices can be charged as services are rendered or monthly, please submit the Credit Card Authorization form.
3. For your convenience, we accept payment at the appointment or over the phone. Those include Cash, Checks, Visa, Master card, Discovery and American Express.
4. Unfortunately, we are unable to provide services weather routine or emergency to clients with an outstanding balance of more than 30 days.
5. In the event of an outstanding balance of more than 30 days, penalties and interest fees may be applied. Balances of over 90 days may be sent to collections and the undersigned shall pay all costs incurred in collections debt and attorney fees.
6. We encourage you to ask for an estimate of the costs of all veterinary services that may be involved in the care of your horse prior to or at the time of the appointment. Although we try to cover all of those during our appointment it is your responsibility to understand those when requesting services.

I am the owner or the agent for the owner of the animal/animals listed above and have the authority to execute this consent to be treated by Dr. Erin Kennedy. I hereby authorize Dr. Kennedy to examine and treat said Horse per the following terms and conditions. I have been informed that there are certain risks and complications associated with any operation or procedure of this type. This has been explained to me and I further understand that during the operations or procedures, unforeseen conditions could arise that may necessitate the performance of additional procedures and/or injury to horses or humans and I hold Dr. Kennedy blameless. I authorize the use of appropriate anesthesia and pain relief medication as needed before, during or following the procedure. I understand that Dr. Kennedy is acting in the best interest of my horse/horse's health and welfare and therefore give my permission for necessary procedures on this date and for future care. I, do hereby certify that I have read and agree to each of the policies above and understand they are legally binding.

Signature _____ **Date:** _____