



## **Client Relations Form**

Please fill out the form below, retain a copy for your records, and return it to Mountain Pointe Equine Veterinary Services. In doing so, you agree to allow Mountain Pointe Equine Veterinary Services (hereinafter MPEVS) to evaluate, diagnose, and treat your animal(s).

### **Horse Owner Information:**

Name: \_\_\_\_\_  
Business Name (if applicable): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Cellular Phone: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Billing Email Address (if different from above): \_\_\_\_\_

### **Stabling Information:**

Farm: \_\_\_\_\_  
Farm Owner: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Are all horses located here? (circle) Yes No  
If no, please list additional farms on back with corresponding horses.

### **Horse Information:** (Please include both registered name and call name when applicable.)

Name(s): \_\_\_\_\_ YOB: \_\_\_\_\_ \*Gender: (circle one) M G S  
Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Microchip: \_\_\_\_\_  
Brand (desc. & location): \_\_\_\_\_ Tattoo (desc. & location): \_\_\_\_\_  
ANY KNOWN ALLERGIES: \_\_\_\_\_

Name(s): \_\_\_\_\_ YOB: \_\_\_\_\_ \*Gender: (circle one) M G S  
Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Microchip: \_\_\_\_\_  
Brand (desc. & location): \_\_\_\_\_ Tattoo (desc. & location): \_\_\_\_\_  
ANY KNOWN ALLERGIES: \_\_\_\_\_

Name(s): \_\_\_\_\_ YOB: \_\_\_\_\_ \*Gender: (circle one) M G S  
Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Microchip: \_\_\_\_\_  
Brand (desc. & location): \_\_\_\_\_ Tattoo (desc. & location): \_\_\_\_\_  
ANY KNOWN ALLERGIES: \_\_\_\_\_

Additional ownership information can be placed on the back of this page or on a separate page if necessary.

\*Gender: M = Mare/Female G = Gelding/Castrated Male S = Stallion/Intact Male

### **Authorization Policy:**

Incidents may occur where you, the owner, will not be available to authorize veterinary care. In some cases, these may be emergency situations where only the barn manager or trainer is present. MPEVS will not diagnose, treat, or otherwise provide medical services to your animal without appropriate authorization.

I authorize the agent below to make medical decisions, schedule appointments (emergency and routine), approve treatments, and order medication(s) for the above-described horses and understand that I will be invoiced for these items.

Authorized Individual: \_\_\_\_\_  
Contact Information: \_\_\_\_\_  
Relation to Individual (circle one): Barn Manager Trainer Spouse Friend Other: \_\_\_\_\_  
Additional Info: \_\_\_\_\_





### **Statement/Payment Terms**

All invoices will be sent electronically and are due upon receipt, regardless of insurance claim(s) or emergency services. MPEVS requires **payment at the time of service**, which may be remitted in the form of cash, check, ACH, or credit card (Visa, MasterCard, Discover, American Express). An interest charge of 1.5% (18% annually), \$1.00 minimum, will be assessed 30 days after the invoice/statement date. In no event will the interest charge exceed the maximal lawful rate of New Jersey. Accounts with an overdue balance of 60 days are subject to the refusal of future services. MPEVS may change payment terms and/or pricing at any time without prior notice.

MPEVS will maintain the security and confidentiality of all medical records and business-related matters for all clients. The practice will follow the medical record regulations and statutes of New Jersey designated by the State Board of Veterinary Medical Examiners.

I certify that I am at least 18 years of age and hereby acknowledge and agree to the terms and policies described above:

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

### **Credit Card Authorization**

To authorize MPEVS to keep your credit card on file, please supply all information requested below. While MPEVS requires having a valid credit card on file, **credit card payments are NOT processed automatically**. MPEVS will request approval to charge your credit card via email, phone, or text for every invoice/statement you receive, unless an EZ Pay Agreement is established.

As of 1/1/26, credit card payments are subject to a **3% processing fee**. If you prefer to pay via ACH to avoid this fee, please call our office to establish ACH account set up. All client financial information is confidentially stored in accordance with PCI compliance.

**Type of Card:**    VISA            MASTERCARD            DISCOVER            AMERICAN EXPRESS

**Name on Card:** \_\_\_\_\_

**Credit Card Billing Address:** \_\_\_\_\_  
\_\_\_\_\_

**Credit Card #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_ / \_\_\_\_\_

**Security Code:** \_\_\_\_\_ (3 digits on back of card, AmEx: 4 digits on front of card)

I hereby authorize MPEVS to keep my credit card information on file, and will provide approval immediately upon receipt of an invoice and/or statement to pay my bill in full.

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



## EZ Pay Authorization

MPEVS is pleased to offer the convenience of EZ Pay. Please fill out the form below to enroll.

Enrollment in this program provides you the hassle-free convenience of your bill being paid automatically ***within 24 hours of the veterinary services provided via the payment option of your choosing***. You will continue to receive your monthly statement via email including the receipt of payment of your invoice. Payments will include any outstanding bill, including any interest charges from previous balances. If errors are identified, the office would be more than happy to correct any mistakes immediately.

### EZ PAY AUTHORIZATION AGREEMENT

I hereby authorize Mountain Pointe Equine Veterinary Services (MPEVS) to charge my preferred payment method marked below to pay my recent invoice within 24 hours of service and to include any outstanding bill, including any interest charges from previous balances. I understand that these automatic payments may be cancelled if I notify MPEVS in writing prior to the next billing date. It is also my responsibility to provide MPEVS updated payment information for processing purposes.

Preferred EZ Pay Payment Method:

☐ Credit Card (subject to 3% processing fee)

☐ ACH\* (no processing fee)

\*Please call the office to establish ACH payments

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



## **Emergency Co-Op Notice**

Mountain Pointe Equine Veterinary Services is committed to providing full-service care of your horses, including emergencies. To ensure this continuous on-call coverage, we have formed an “Emergency Cooperative” (Co-op) with B.W. Furlong & Associates. The co-op provides a rotation of skilled veterinarians between the two practices to service your needs. Clients must be in good standing with both practices to be eligible. We recommend you fill out Client Relations Forms with both practices prior to an incident to streamline the process.

In the event of an emergency, please call our office line at (908) 269-8451 and press 1 to be directed to the on-call veterinarian. You may reach the answering service of B.W. Furlong & Associates in which a veterinarian will contact you ASAP. All cases will be transferred to the routine veterinary practice the next business day. Both practices and their associates communicate routinely.

If you have any questions about this Co-op, please feel free to give us a call at (908) 269-8451. Thank you!

