

NEW ENGLAND EQUINE PRACTICE, P.C.
2933 Route 22
Patterson, NY 12563
(845) 878-7500 Fax. (845) 878-7562
NEEP@BESTWEB.NET

TREATMENT AUTHORIZATION

For and in consideration of the care and treatment to be furnished for my horse,
_____, by New England Equine Practice, P.C., I, the undersigned, owner or
representative of the owner agree to the following:

1. I understand that while all reasonable care and attention will be given to my horse during the extent of stay with New England Equine Practice, P.C., its officers, agents and employees will not be liable for ay loss or accident that may occur or any disease that may develop while or after it is hospitalized at the clinic.
2. If I decide to leave equipment with my horse, I understand that it is accepted with the understanding that New England Equine Practice, P.C. assumes no responsibility for loss of such equipment.
3. I understand that in some instances, veterinary technicians, under supervision and assistance of medical staff members will treat horses.

**4. PAYMENT IN FULL IS EXPECTED WHEN YOUR HORSE IS DISCHARGED.
PLEASE INDICATE WHICH CREDIT CARD YOU WILL BE USING FOR PAYMENT**

Visa, MasterCard, American Express or Care Credit (when paying with Care Credit it will be a 6 month term with deferred interest)

Card number _____

Expiration Date _____ Security Code _____

5. A deposit of \$5,000 will be paid upon admittance for all emergency hospital and surgical patients.
6. A deposit of \$1,500 will be paid upon admittance for all other non-emergency patients.

I HAVE READ AND AGREE TO ACCEPT THE STIPULATIONS SET FORTH HEREIN.

Signature _____ Print _____ Date _____

Relationship to Patient _____ Owner _____ Trainer/Agent _____ Hauler _____

In addition to the above, if by any reason you fail to pay in full upon discharge of your horse, an additional 1.5% monthly finance charge will be applied to your outstanding balance and additionally, if there are ever any collection costs in connection with your failure to pay New England Equine Practice, P.C., including but not limited to attorney's fees you will be responsible for payment of these costs also.

Please initial here: _____