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Veterinary Service Agreement

Owner _____ Spouse / Significant Other _____
Last First MI Last First MI

Physical Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Horse(s) owned _____

Horse(s) Location _____

Telephone _____ / _____ / _____ / _____ / _____
Home Work Cell Spouse Work# Spouse Cell#

Email address _____

Driver's License Number _____ / _____
Self Spouse / Significant Other

Employer _____ Address _____

Spouse Employer _____ Address _____

OUR POLICY: *Payment is due at the time services are rendered. We accept Cash, Check, Visa, MasterCard, and CareCredit. If you are unable to be present during your horse(s) appointment, a credit card number must be kept on file with us to post any charges that you incur to that card. In the event that payment is not made at the time of service, a 2% service charge will be added to any account over 30 days past due, on the 1st of each month with a remaining outstanding balance. In the unfortunate event that your unpaid account initiates legal action, you will be responsible for any and all attorney fees, court costs, and any fees incurred to collect on the unpaid balance. There is a \$35.00 fee for any check returned to us for Non-Sufficient Funds.*

By signing below, I authorize (agent name) _____ to act as my agent with the care of my horse(s), and authorize Dover Equine Veterinary to provide medical care to my horses. I understand that attempts will be made to contact me for any care that my agent feels is necessary. In the event that I am unable to be reached, I give permission for my agent to proceed with any medical treatment necessary for the well-being of my horse(s). By signing below, I also agree that I am responsible for any and all veterinary costs incurred for the care of my horse(s) that have been initiated by me and/or my agent. *(Please fill out Emergency Care Authorization Form)*

PRINT NAME

SIGNATURE

DATE

I give Dover Equine Veterinary permission to charge my credit card for any unpaid balances and/or all services if payment for services rendered is not received in full within 30 days of service.

Credit Card Number Exp. Date Code

Name on Credit Card

Signature Date