

# NANDI VETERINARY ASSOCIATES

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## VETERINARY SERVICES CONTRACT

Please note: By signing this document, you are forming a contract with NANDI VETERINARY ASSOCIATES. This contract creates certain rights and obligations including, but not limited to, those described in this contract.

Payment is required at the time of service unless prior arrangements have been made. A credit card on file is required for all clients who wish to be billed monthly. Insurance claim payments for major medical claim will be sent to you directly from your insurance company.

### HORSE OWNER INFORMATION:

Name:

Address:

Home Phone:

Work Phone:

Cell Phone:

Email:

Preferred Contact Method:  Home  Cell  Email

STABLE INFORMATION: Same as Owner Information?  YES  NO – *If no, complete this section*

Stable Name:

Authorized Agent:

Stable Address:

Phone Number:

E-mail:

### HORSE INFORMATION:

Horse's Registered Name:

Horse's Barn Name:

Age:

Breed:

Gender:

Brand/Tattoo/Registration #:

Microchip #:

Insurance Company (If any):

Insurance Policy Number:

Insurance Company Phone#:

In case you can't be reached in an emergency

Name:

Phone #:

RELEVANT MEDICAL HISTORY

Conditions (ex. Colic, Cushings):

Medications:

Vaccine History: \*Vaccine records can be attached or emailed to info@nandivet.com\*

*E, W Tetanus*                      *West Nile*

*Rhino/Flu*                              *Rabies*

*Potomac*                                *Strangles*

*Botulism*                                *Other*

Coggins: \*Please Attach Copy or email to info@nandivet.com\*

Deworming History

Product:

Date:

Breeding History: (if applicable)

Maiden

Barren

In Foal

Stallion Bred to:

Findings:

Stallion booked to:

Farm:

Phone #:

Additional Information:

ACCOUNT INFORMATION

\_\_\_ I understand that I must pay account in full upon receipt of invoice and all clinic stays must be paid before discharge.

\_\_\_ If you arrange an automatic charge to your credit card monthly, we will agree to do so. Any time a charge is applied to your card we will send you a statement and invoice for your records.

Please circle YES or NO for automatic payment.

\_\_\_ Unless specifically requested all invoices will be sent via email.

\_\_\_ If we have not received payment in full within 30 days of invoice, you hereby consent to have your account settled by immediately charging the balance to your credit card.

\_\_\_ I hereby authorize NANDI VETERINARY ASSOCIATES to provide routine and emergency care to my horse(s) in my absence or at the request of my authorized agent.

\_\_\_ This contract shall apply to any and all veterinary services provided by NANDI VETERINARY ASSOCIATES, including but not limited to, outpatient services, procedures, medicines and farm calls to any and all horses on my behalf, whether or not the horse(s) are listed on this form.

\_\_\_ Late charges shall be applied to your account on all overdue balances and will accrue over time.

Should NANDI VETERINARY ASSOCIATES be forced to commence administrative and/or legal action to collect unpaid invoices from you:

\_\_\_ You consent to personal jurisdiction of the courts of the State of Pennsylvania.

\_\_\_ You agree to pay all costs, expenses and reasonable attorney's fees incurred by Nandi Veterinary Associates that are associated with such action.

\_\_\_ 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 NANDI VETERINARY ASSOCIATES.

**\*\* VETERINARY SERVICES WILL NOT BE PROVIDED WITHOUT YOUR SIGNATURE AND INITIALS \*\***

Cardholder Name:

Card #:

Expiration Date:

Billing Zip Code:

OWNER'S NAME:

OWNER'S SIGNATURE:

DATE: