

Equine Performance Services, LLC

Treatment Authorization Agreement

I, _____ am the owner (or duly authorized agent of the owner) of the following horse(s), _____.

I do hereby authorize the above identified veterinary service, their agents and/or representatives, to perform the surgical and/or medical procedures including but not limited to acupuncture and chiropractic, to administer sedation, drugs and/or medications and/or to perform other diagnosis and/or treatment which the attending veterinarian deems necessary.

I further certify that the nature and purpose of contemplated procedures, identifiable alternative methods of treatment, risks involved and possibility of complications, have been explained to me, and that I recognize no guarantees or assurances have been given me as to results which may be achieved. I understand that this form will become part of each horse's patient record.

Payment Policy

I (the owner or duly authorized agent thereof) agree to accept responsibility for full payment of all treatment and services rendered by Equine Performance Services, LLC. I agree to pay a \$25.00 service fee on any returned check. I also agree to pay the service charge of \$5.00 per month, which will be added to any outstanding balance after 30 days. Non-emergency treatments and services will not be performed on any horse(s) identified above associated with an outstanding balance of 90 days or greater.

Owner: _____

Date: _____

Agent: _____

Equine Performance Services, LLC

109 Butler Road

Reisterstown, MD 21136

410 236 4446

www.equineperformance.net