



**WILLAMETTE VALLEY  
EQUINE**

*Veterinary Services*  
9130 SW Pioneer Ct, Suite E  
Wilsonville, OR 97070  
PH 503-682-4426  
www.WillametteValleyEquine.com

**New Client/Patient and Payment Authorization Form**

**CLIENT INFORMATION:**

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

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Alt. Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Preferred Contact:  Phone  Email  Other: \_\_\_\_\_

If Applicable:  Lessee  Representative  Co-owner  New Owner  Other: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**PATIENT INFORMATION:**

Registered Name: \_\_\_\_\_

Name: \_\_\_\_\_ Age/DOB: \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Gender (circle): M G S Preferred Doctor:  Dr. Teshera  Dr. Saunders

Known Allergies: \_\_\_\_\_ Medical Conditions: \_\_\_\_\_

Pertinent History (Aversion to needles, etc.): \_\_\_\_\_

Previous Veterinarian Name/Phone: \_\_\_\_\_

Patient's Location - Barn Name: \_\_\_\_\_ Gate Code: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Trainer's Name: \_\_\_\_\_ Property Notes: \_\_\_\_\_

**PAYMENT INFORMATION:**

Credit Card #: \_\_\_\_\_  Visa  MC  AmExp  Discover

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Name on Card: \_\_\_\_\_

Address credit card statement is mailed to: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**I have chosen option # \_\_\_\_\_ (from the back of this form) and provided the necessary information.**

**Printed Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*\*\*If you are completing this form on the computer typing your name on the signature line above constitutes a legal binding signature.*

## Willamette Valley Equine Surgical & Medical Center Payment Options

Please choose one of the following payment options, sign, date, and submit to Willamette Valley Equine. Thank you.

### 1. Pay at Time of Service

We accept cash, checks, Visa, MasterCard, Discover, American Express, and CareCredit.

**(Clients with horses at boarding or training facilities must either leave one of the above forms of payment at the stable each time services are rendered or choose one of the next three payment options.)**

### 2. Pre-approved Credit Card on File for Payment at Time of Service

We will keep this credit card on file and charge it each time services are rendered, then mail or email a receipt along with an itemized list of services purchased.

### 3. AutoPay Account

An AutoPay account will require a credit card (or CareCredit account number) be kept on file for twice monthly payments.

-Cards will be charged on the 15<sup>th</sup> and last business day of the month.

-Business days are NON holiday days Monday through Friday.

-If the 15<sup>th</sup> or last business day of the month falls on a weekend day, the card will be charged the first business day immediately following the 15<sup>th</sup> or on the business day preceding the last day of the month.

-Charges accrued between the last business day of the month and the 15<sup>th</sup> will be charged for on the 15<sup>th</sup>. Charges accrued between the 16<sup>th</sup> and the last business day of the month will be charged for on the last business day of the month.

-No notice will be given prior to charging your card on file if you select an AutoPay account unless you request otherwise and special arrangements have been made.

-If you have accrued no charges, your card will not be charged.

### 4. CareCredit Account

CareCredit # \_\_\_\_\_

We understand it is not always possible to pay for large, unexpected bills in full at the time of emergency service. As such, we offer interest free payment plans through CareCredit.

You may apply for CareCredit through our website: [www.WillametteValleyEquine.com](http://www.WillametteValleyEquine.com) at any time or call CareCredit directly at 1-800-677-0718. These plans can be used for routine/preventative care as well.

Exceptions may be made for long standing clients with good credit histories at the discretion and approval of Dr. Teshera on an individual basis.

### Accepted Methods of Payment

In an effort to provide the very best veterinary service to our equine patients and their owners, we provide several, easy payment options:

- Cash, Check, Money Order, Cashier's Check
- Visa, MasterCard, American Express, Discover Card
- CareCredit (subject to credit approval) [www.CareCredit.com](http://www.CareCredit.com) – low and 0% interest plans available

### Financial Policy Effective March 1, 2013

**Payment for services rendered is due at the time of service.** In most cases, you can expect to receive a total for your bill at the completion of services. If an invoice total is not available in the field, it will be sent to you either by mail, email or discussed over the phone within a few days and payment is expected at that time.

Willamette Valley Equine will no longer offer new "30 day Billed Accounts". Existing 30 day Billed Accounts will remain as is until or unless any payment is delinquent by over 60 days.

### Policy Agreement (Please initial that you have read and agree to each statement.)

Initial \_\_\_\_\_ -Payment is expected at the time of service.

Initial \_\_\_\_\_ -There is a 2% monthly interest charge on all account balances over 30 days.

Initial \_\_\_\_\_ -Any account 90 days past due may be referred to an attorney or collection agency and you will be responsible for all costs incurred.

Initial \_\_\_\_\_ -There will be a \$35.00 fee for all returned checks

By signing below, you agree to the foregoing terms of payment:

\_\_\_\_\_  
Client/Owner Name (please print)

\_\_\_\_\_  
Client/Owner Signature

\_\_\_\_\_  
Date

*If you are completing this form on the computer typing your name on the signature line above constitutes a legal binding signature.*