

NEW CLIENT INFORMATION

Primary Owner:		Alt. Contact/Trainer: <input type="checkbox"/> Check here if Authorized Agent
Owner Cell Phone:	Owner Home / Alt. Telephone:	Alt. Contact/Trainer Phone:
Email:		Alt. Contact/Trainer Email:
Person Responsible for Payment:		Primary Care Vet. (if applicable):
Billing Address:		Primary Care Vet. Phone:
		Primary Care Vet. Email:
City:		<p><i>At Steinbeck Peninsula Equine Clinics we require payment in full at the time of service. A 1.5% monthly service charge is applied to all balances over 30 days. Clients with accounts past due must pay previous balance in total prior to receiving additional services. Surgeries must be paid for by making a deposit of ½ the high estimate and the balance paid in full upon discharge. Although we do not extend credit, we do honor the payment methods shown here.</i></p> <p><i>If you have insurance, it is your responsibility to inform the insurance agency of the procedures performed based on your plan requirements. Please check with your insurance agency prior to treatment to understand what will be covered by your particular plan. Unfortunately, we do not have the right to access your plan with your insurance agency, so we don't know how much of your treatment will be covered. You are responsible for the total bill at the time of discharge. Any reimbursements the insurance agency provides will be sent directly to you from your insurance agency after your claim has been processed. Please let us know if your horse is insured so we can be on the lookout for any insurance paperwork that the agency asks of us. This can speed up the claim process for you.</i></p>
State:	Zip Code:	
Payment By: <input type="checkbox"/> American Express <input type="checkbox"/> Care Credit <input type="checkbox"/> Cash/Check <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> MasterCard (Debit) <input type="checkbox"/> Visa <input type="checkbox"/> Visa (Debit)		
Payment Card No.:		
Exp. Date:	CVC/Security Code:	
<p>After running this payment card for the current billing:</p> <input type="checkbox"/> I do not want this payment card information kept on file. <input type="checkbox"/> I would like this payment card to be kept on file to be used for payment of future invoices as indicated below: <input type="checkbox"/> Autobill (Steinbeck Peninsula Equine Clinics runs my credit card and sends me a paid detailed invoice receipt) <input type="checkbox"/> Credit Card Authorization (Steinbeck Peninsula Equine Clinics will call or email before running charges)		<input type="checkbox"/> By signing this agreement, I understand and accept the terms and conditions of this payment agreement and authorize Steinbeck Peninsula Equine Clinics to debit my payment card. Should payment be denied, I understand these charges are due and payable directly to Steinbeck Peninsula Equine Clinics upon notification.
Cardholder Signature:		Date:
		Referred by:

Treatment Authorization:

- I am 18 years of age or older and do hereby authorize the veterinarians and technicians to examine and administer treatment as is considered necessary for my animal's condition. An estimate of care options will be discussed prior to any treatments. In life threatening situations, stabilizing care may be instituted upon arrival, but no invasive or diagnostic treatment will be undertaken until it has been discussed with me. I also authorize Steinbeck Peninsula Equine Clinics to fax or email my animal's medical record to my primary veterinarian for the purposes of sharing information only. I understand that Steinbeck Peninsula Equine Clinics may refuse services for any reason.

Payment Agreement:

- The undersigned agrees to the terms set forth in the statement of financial policy incorporated herein by reference and receipt of which is hereby acknowledged. Further, that in the event of default in payment within these terms, the undersigned agrees to pay all costs of collection including reasonable attorney fees and court costs. Any animal which is unclaimed by its owner or agent ten days after medically released shall be deemed abandoned in accordance with California State property laws in which the legal ownership, physical placement, and medical treatment of the animal will be as the attending veterinarian may deem proper.

Owner Signature: _____

Date: _____

Agent Signature: _____

Date: _____



STEINBECK★PENINSULA

EQUINE CLINICS

steinbeckpeninsulaequine.com

Monterey Bay/Salinas Area:

15881 Toro Hills Avenue, Salinas, CA 93908 | (831) 455-1808

San Francisco Bay Area:

100 Ansel Lane, Menlo Park, CA 94028 | (650) 854-3162
 At the Portola Valley Training Center

NEW CLIENT INFORMATION

PATIENT 1 Registered Name:		Nickname / Barn Name:	
Breed:		Ever treated at our clinic or via our mobile services based in: <input type="checkbox"/> Yes - Salinas <input type="checkbox"/> Yes - Menlo Park <input type="checkbox"/> No	
Gender: <input type="checkbox"/> Stallion <input type="checkbox"/> Gelding <input type="checkbox"/> Mare	Year of Birth:	Color:	
Markings: <input type="checkbox"/> Socks <input type="checkbox"/> Stockings <input type="checkbox"/> Star <input type="checkbox"/> Blaze	Other Markings / Brands / Tattoos:		
Presently Stabled at:		Formerly Stabled at:	
Primary Care Veterinarian:		Authorized Agent (if different from page 1):	
Significant Health History / Comments:			
PATIENT 2 Registered Name:		Nickname / Barn Name:	
Breed:		Ever treated at our clinic or via our mobile services based in: <input type="checkbox"/> Yes - Salinas <input type="checkbox"/> Yes - Menlo Park <input type="checkbox"/> No	
Gender: <input type="checkbox"/> Stallion <input type="checkbox"/> Gelding <input type="checkbox"/> Mare	Year of Birth:	Color:	
Markings: <input type="checkbox"/> Socks <input type="checkbox"/> Stockings <input type="checkbox"/> Star <input type="checkbox"/> Blaze	Other Markings / Brands / Tattoos:		
Presently Stabled at:		Formerly Stabled at:	
Primary Care Veterinarian:		Authorized Agent (if different from page 1):	
Significant Health History / Comments:			
PATIENT 3 Registered Name:		Nickname / Barn Name:	
Breed:		Ever treated at our clinic or via our mobile services based in: <input type="checkbox"/> Yes - Salinas <input type="checkbox"/> Yes - Menlo Park <input type="checkbox"/> No	
Gender: <input type="checkbox"/> Stallion <input type="checkbox"/> Gelding <input type="checkbox"/> Mare	Year of Birth:	Color:	
Markings: <input type="checkbox"/> Socks <input type="checkbox"/> Stockings <input type="checkbox"/> Star <input type="checkbox"/> Blaze	Other Markings / Brands / Tattoos:		
Presently Stabled at:		Formerly Stabled at:	
Primary Care Veterinarian:		Authorized Agent (if different from page 1):	
Significant Health History / Comments:			