



7713 State Road 64 E, Zolfo Springs FL 33890

863-452-0808

steeleequinedvm@gmail.com

steele-equine.com

## **Client Information, Payment, and Policy**

### **Acknowledgement Packet**

On behalf of our entire team, we thank you for considering Steele Equine Veterinary Services and Performance Horse Center, Inc for all your equine veterinary needs. We look forward to serving you and exceeding your expectations by providing unsurpassed equine veterinary and performance services.

This packet contains the forms needed to establish your account as well as a description of our practice's policies.

**Please fill out and return the Client Information Form, Payment Information Form and Policy Acknowledgement Form located on pages 2, 3, and 6 of this packet via email (steeleequinedvm@gmail.com) prior to your appointment.**

We are unable to schedule and/or render patient services if we have not received the forementioned forms. We appreciate your cooperation.

Our commitment to deliver the best and most comprehensive patient care available to your horse is coupled with an administrative staff available to assist you with understanding our policies and facilitating payment of your veterinary services. Please do not hesitate to contact our office with any questions you may have.



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## Client Information Form

Name:		Spouse:	
Cell Phone:		Cell Phone:	
Home:	Work:	Email:	
Mailing Address:			
Billing Address (If Different):			
Horse Location Address (If Different):			
Employer:			
Preferred Contact Method (Circle)   Text   Phone   Email			Referred to Steele Equine by:

Stable/Farm Name:	
Stable/Farm Address:	
Manager's Name:	Manager's Phone:

Others Authorized to Seek Care/Make Decisions:		
Name:	Relation:	Cell:
Name:	Relation:	Cell:

Horse's Name	Registered Name	DOB	Breed	Gender	Color



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## Payment Information Form

Card Provided: (Check One)	Visa	Mastercard	American Express	Discover	Care Credit
Card Number:			Exp Date:	CVV:	
Name on Card:					
Card Billing Address:					

I, \_\_\_\_\_ (Name), certify that all of the information provided is true and accurate, guarantee that I am the legal owner of the horse(s) listed and for those I am seeking veterinary services and/or care for, and am the authorized cardholder for the payment information provided above.

I hereby authorize Steele Equine Veterinary Services to provide veterinary care to my horses and to charge the indicated credit card for the services and/or care rendered, an amount owed or at my request for pre-payment.

I have read and understand Steele Equine's Payment Policy in that: an active credit card must be kept on file or Steele Equine may not be able to perform routine or emergency services on my horse(s), that payment is due in full at the time services are rendered and/or before my horse leaves the Steele Equine Facility (regardless if I am present), and that the credit card provided above will be processed for the full amount of my invoice if a check or cash payment is not provided at that time.

I understand that in order to terminate the billing process on this credit card, I must submit a new Payment Information Form in writing prior to termination.

I will not dispute Steele Equine Veterinary Services and Performance Horse Center's recurring billing with my credit card issuer so the amount in question was for services rendered. I guarantee that all invoices will be paid in full.

\_\_\_\_\_

Card Holder's Signature

\_\_\_\_\_

Date



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## Steele Equine Policies

### **Payment Policy:**

Payment is due in full at the time services are rendered and/or before a patient leaves the facility. Payment can be made with cash, check, Visa, Mastercard, Discover, American Express or Care Credit. Returned checks incur a \$45 service charge added to the outstanding balance. We require all clients keep an active credit card on file to be processed for visits that the client may or may not be present for.

We believe that effective communication of fees and payment policy is vital to maintaining good working relationships. We encourage clients to ask for estimates of costs for all veterinary services prior to or at the time of the appointment.

### **Delinquent Accounts Policy:**

If an account becomes past due (balance older than 30 days), the account will incur a monthly finance charge at the rate of 1.5% monthly or 18% annually. At 60 days past due, accounts are subject to collections and/or legal proceedings as well as discontinuation of all services from Steele Equine Veterinary Services. It is the client's responsibility to pay the outstanding balance, late fees, interest charges, attorneys' fees, and court costs associated with collections and/or legal proceedings.

### **Emergency Services Policy:**

To meet our mission of providing unsurpassed services, Steele Equine Veterinary Services will only provide 24-hour emergency services 7 days a week to established and committed clients ... if you are committed to us, we are committed to you.

### **Missed or Same-Day Appointment Cancellation Policy:**

Any client who misses their appointment or cancels their appointment the day of for two scheduled appointments will be required to make a \$75 non-refundable deposit when attempting to schedule their third appointment. This \$75 deposit will be applied to the invoice balance at the time of their next appointment. At the third missed/same-day appointment cancellation, Steele Equine will remit a Fire Letter terminating the veterinary-patient relationship.

### **Dental Appointment Policy:**

We require client response to the dental appointment reminder text message sent by our office either confirming or rescheduling any dental appointment. If no response is received within 24 hours prior to the appointment day, the horse will be removed from the schedule and moved to another dental date.

There is a \$50 cancellation fee for dental appointments confirmed but not cancelled, rescheduled or missed at least 24 hours in advance. The card on file will be charged for this fee and the fee will be applied to the future dental scheduled within 30 days.

### **Prescription Policy:**

We have a full on-line pharmacy located on our website that is competitively priced and sourced from trusted manufactures and distributors. All prescriptions prescribed by our veterinarians will only be filled using our on-line pharmacy or direct purchase from our clinic inventory. Prescriptions requested to be fulfilled elsewhere will be charged \$65 for transmitting prescriptions to third party vendors.



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### **Authorization of Care Policy:**

We require clients to name at least one Authorized Decision Maker on the Client Information Form. Authorized Decision Makers can only be named by the horse owner and/or lessee (with the written consent of the owner). If leaving town, clients are asked to email us travel dates and who is authorized to make decisions in the event of an emergency.

NOTE: Boarding agreements usually authorize farm/barn managers or trainers to make medical and financial decisions on your behalf. We recommend all clients fully understand their boarding agreements. When your farm/ barn manager requests a service from Steele Equine on your behalf, you assume financial responsibility for this request.

### **Leases & Temporary Changes in Financial Responsibility Policy:**

Special circumstances such as leases or temporary changes in financial responsibility for veterinary care require special arrangements with our office. If you fail to make us aware of changes in financial liability, you will be responsible for all charges should the new financially responsible party fail to pay. To maintain the integrity and legality of medical records, we cannot make retroactive changes to financial responsibility.

### **Insured Horse Policy:**

Clients are required to remit payment in full to Steele Equine upon receipt of invoice regardless of the status of any insurance claim(s) and/or receipt of insurance reimbursement. Insurance claims are the horse owner's responsibility to submit. We will complete and return insurance exams and claim forms as quickly as possible upon request.

### **Compounded Medication Policy:**

We occasionally use compounded medications when FDA-approved formulations or ingredients have limited availability or become unavailable. Compounded medications have not undergone FDA testing to prove efficacy. By giving us permission to treat your horse, you've agreed and understand this and also give permission to dispense and/or prescribe compounded medications to your horse.

### **Telemedicine Policy:**

We provide telemedicine consultations in addition to facility appointments or farm call visits. We will provide responsive telemedicine to clients who we have an active relationship and have seen your horse within the last three months. Steele Equine is responsible for your horse's health from the moment you reach out to us - whether it is your physical arrival to our facility or responding to a question submitted via phone, email, or text. Once we start interacting with you, we become liable, medical records must be created, and documents stored and archived. Although we have informally provided this opportunity in the past, we need to formalize our process and the rate for Telemedicine is \$100/hour (prorated to 15 minute increments).

### **Social Media/Photography Acknowledgment:**

Throughout the course of providing medical care for your horse, our veterinarians and staff may take or be provided with photographs of your horse for purposes of care management. In the course of business, it is common practice to use such photographs for educational seminars, social media, website articles, and training purposes. As a client, you authorize us to use animal-only images, while retaining anonymity, for educational purposes without further consent.



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## Policy Acknowledgment Form

I, \_\_\_\_\_ (Name), hereby acknowledge that I have been made aware of Steele Equine Veterinary Services and Performance Horse Center's policies and that a copy of these policies, in electronic and/or paper form, have been made available to me for review. I hereby acknowledge that I understand that it is my responsibility to read the policies contained herein. I agree to comply to all of the terms and conditions of all the forementioned policies. I understand Steele Equine reserves the right to update/change these policies at any time, without notice.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date