

Client Information

First & Last Name:

Street Address:

City:

State:

Zip Code:

Cell Phone:

Home Phone:

Email:

Preferred Contact Method: Call - Cell Call - Home Text Email No Preference

Referred By:

Alternate Contact (e.g. lease holder, barn manager, trainer)

First & Last Name:

Phone Number:

Relation:

Horse Information

Registered Name:

Nickname:

Breed:

Date of Birth:

Sex:

Color:

Markings/Brand/Microchip/Tattoo:

Primary Boarding Location (if different from owner's address):

Authorized Agent (e.g. lease holder, barn manager, trainer)

First & Last Name:

Phone Number:

Relation:

I authorize my agent to make decisions regarding veterinary care for my horse(s) in my absence. Yes No

I authorize my agent to make appointments and order medication for my horse(s) and give him/her permission to charge such appointments/medications to my account. Yes No

Lessee/Lessor Information (skip if horse is not leased)

This horse is leased, I am the lessor. This horse is leased, I am the lessee.

First & Last Name:

Phone Number:

Email:

Lease Start Date:

Lease End Date:

Who to Bill for Invoices: Lessor Lessee

Payment Policy

We accept cash, check, ACH and major credit cards. **A credit card on file is required for every client, no exceptions.** All invoices paid by credit card will be subject to a 2.5% credit card processing fee.

Please select **one** preferred method of payment below:

- Option 1:** I authorize Front Range Equine Performance to charge my credit card on file within 48 hours of rendered service and/or product. (You will receive an itemized receipt via email upon payment.)
- Option 2:** I prefer to receive an itemized invoice after rendered service and/or product and agree to pay within 10 days of receipt. If I'm unable to pay promptly, I authorize Front Range Equine Performance to charge my credit card on file for the resulting invoice.
- Option 3:** I prefer to pay at time of service via cash, check or card. If I and/or payment is unavailable at the time of service, I authorize Front Range Equine Performance to charge my credit card on file for the resulting invoice.
- Option 4:** I prefer to pay by check or ACH and will pay within 14 days of receiving an invoice. If I'm unable to pay promptly, I authorize Front Range Equine Performance to charge my credit card on file for the resulting invoice. (There is a \$25 fee for all returned checks or non-sufficient funds (NSF) transactions.)

Payment Agreement

If I fail to pay all invoiced charges when due, I agree to pay the invoiced charges together with collection costs (including attorney fees), late charges (computed at 1.5% per month), and any other expenses involved in collection of the invoice(s). I also agree that any suit to collect these charges may be brought against me in the State of Colorado.

Signature: _____

Date: _____

Credit Card Authorization Form

Card Type: _____ Visa _____ Mastercard _____ American Express _____ Discover

Cardholder Name:

Card Number:

Expiration Date (MM/YY):

CVV:

Billing Zip Code:

By completing this form you authorize Front Range Equine Performance to keep the above credit card on file and to charge it for rendered services and/or products. This authorization will remain on file in a secure location and will remain in effect until canceled in writing.

Optional Social Media Release

I authorize my horse(s) to be photographed/videoed by Front Range Equine Performance staff for educational and promotional purposes.

Yes

No

Client Agreement

1. I agree to treat every member of the Front Range Equine Performance team with respect and consideration. If failure to do so, I understand that Front Range Equine Performance reserves the right to discontinue services to me.
2. If I need to cancel or reschedule my appointment for any reason, I agree to contact Front Range Equine Performance 24 hours prior to my scheduled appointment time. If failure to do so, I understand that I will be charged a cancellation fee of \$75 plus a farm call fee.
3. If I cannot be present for my horse's appointment, I agree to let Front Range Equine Performance know and I will arrange to have someone available to catch my horse, or have them in their stall so one of the FREP technicians can easily catch them. If I fail to let Front Range Equine Performance know that I, or a handler, will not be present for my appointment and they have to catch my horse(s) and bring them in from pasture, I understand there will be a resultant \$75 catching & handling fee added to my appointment.

Signature: _____

Date: _____

Primary Veterinarian Information & Medical Records Release

Name of DVM or Practice: _____

Phone Number: _____

Email: _____

I authorize the Front Range Equine Performance to share medical records pertaining to the horse listed above with the following veterinarian(s) or veterinary practice(s) and hereby request that such records be shared.

Signature: _____

Date: _____