



SOUTH MOUNTAIN EQUINE

Service Contract

South Mountain Equine LLC

Horse Owner/Client Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Number: _____ Mobile Number: _____ Work Number: _____

Driver's License/Social Security Number: _____

Email Address: _____

Employer: _____

Employer's Address: _____

Horse(s) Information:

Name/Breed/Sex/Age/Color: _____

Stable Name: _____ Address: _____

Authorized Agent/Trainer/Caregiver: _____ Phone #: _____



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Account/Payment Policies:

Services will not be provided without your initials by each statement and signature at the bottom.

1. Payment is due at the time of service. If you would like to be billed, payment is due upon receipt of your invoice. A credit card can be held on file for billing purposes if you so request.

2. This contract applies to all horses, listed on this form or otherwise. The person listed on this contract as Trainer/Agent/Barn Owner/Caregiver is authorized to order veterinary services and you agree to be financially responsible for any and all services ordered by these individuals for your horse(s).

3. Any check that is returned for insufficient funds will incur a service fee of \$30 to your account.

4. By signing this agreement, you agree to pay charges associated with the services and goods provided to your animals. If you are signing on behalf of an entity, you are **personally** guaranteeing payment for services and goods provided.

I agree to all the above terms and authorize South Mountain Equine to provide veterinary services at my request to my horses.

Owner's Signature: _____ Date: _____

Guardian Signature : _____
(If owner is under 18 yrs of age)