



Authorization for Professional Services

Owner's Last Name _____ First _____

Address _____

Zip Code _____ City _____

State _____ County _____

Email Address _____

Receipts will be sent via email unless no email address is provided. Home Phone _____

Employer _____ Work Phone _____

Driver's License Number _____ Cell Phone _____

Source: How did you hear about us? _____

Barn Address (If applicable) _____

Animal Description (Use back of this sheet for more animals)

Name	Registered Name (If Known)	Breed	Color	Birthdate or Age	Gender
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Authorized Representative/Emergency Contact _____

Emergency Contact Phone # _____

I hereby authorize the veterinarian(s) of Ridgeline Equine Veterinary Services, Inc. to perform veterinary services on my animal(s). Payments are due at the time of service. Credit will only be extended and services billed with prior approval. In these cases the account is payable in full within 30 days. Accounts not paid in full will be charged interest of 1.5% per month on the balance and any additional services will have to be paid in advance. I agree to pay all costs incurred with collection of debt, any court costs, and reasonable attorney fees.

If I am not the Owner, I affirmatively represent and warrant to Ridgeline Equine Veterinary Services, Inc. that I am the Authorized Agent of the Owner to seek medical treatment for the animal described above and to complete this form on the Owner's behalf, in the Owner's place and stead. In addition, should the Owner be delinquent in payment of fees accrued for the above animal, I fully understand that I will be held responsible for any uncollectible fees pertaining to the treatment of this animal(s).

Signature of Owner or Agent

Date