

Payment Terms:

Please read the entire form & fill out information on the bottom and back of this sheet.

- Payment is due at the time service is rendered. If you would like to set up an in house account we must have a current card on file first. Approval will come within 30 days.
- Unless otherwise requested, all invoices, medical reports, and diagnostic images shall be provided electronically.
- Clients may elect for automatic payments (see attached form) Automatic payments shall enable Bur Oak Veterinary & Podiatry Services to charge the current balance due at time of service to the credit card on file. An invoice will be sent electronically with payment confirmation.
- If payment for services rendered is not received in full within 30 days of service, Client's credit card will be charged as listed in following agreement for the full amount owed and any interest acquired.
- Clients may pay by personal or business check. Client is responsible for all bank charges incurred by Bur Oak Veterinary & Podiatry Services if a check is returned, in addition to a \$36.00 service fee (bank fee of \$25.00 plus an in-house \$11.00 office fee)
- Unpaid balances are subject to the following: I, the undersigned, agree that should ANY payment or the full amount of the sum stated above become overdue more than 5 days from the above agreed time of payment or payments, the entire balance shall be considered in default and become due and payable with service charges. From the date of default, service charges will be at the rate of 1.5% per month, which is an annual percentage rate of 18%. I further acknowledge that if my account remains in default it may be sent to a collection agency and I, the undersigned, do agree to accept responsibility for payment of additional collection fees equaling 35% of the total balance due, or at a minimum of \$250 in addition to what is owed. I certify that I have read the forgoing agreement and understand the terms and conditions thereof before signing below. The undersigned is also responsible for any legal fees incurred by Bur Oak Veterinary & Podiatry Services during collection of the past due account.
- Bur Oak Veterinary & Podiatry Services LLC has the right to refuse service at any time. Bur Oak Veterinary & Podiatry Services may elect not provide service to Clients with accounts that are past-due beyond 60 days.
- Client shall immediately notify Bur Oak Veterinary & Podiatry Services if he/she is unable to comply with the terms of this agreement. Bur Oak Veterinary & Podiatry Services LLC reserves the right to waive fees and modify payment deadlines on an individual, case-by-case basis at its sole discretion. Such an agreement shall be effective upon the execution of a separate, written agreement, signed by both parties.
- Except as otherwise provided in this document, this agreement may be modified, superseded, or voided only upon the written and signed agreement of Bur Oak Veterinary & Podiatry Services LLC and Client. Further, the physical destruction or loss of this document shall not be construed as a modification or termination of the agreement contained herein.
- The rights and obligations of the Parties under this Agreement shall be governed by the internal substantive law of the States of Arizona, Florida, Kentucky, North Carolina, Ohio, Oklahoma, Tennessee, Texas and Virginia applicable to contracts made and to be performed in that State, without giving effect to the principles of conflicts of laws. For the purpose of jurisdiction and venue for all purposes of this Agreement shall be Fayette County, Kentucky. If any legal action, arbitration or other proceeding is brought for the enforcement of the agreement, or arises out of an alleged dispute, breach, default or misrepresentation relating to any of the terms of the agreement, Bur Oak Veterinary & Podiatry Services shall be entitled to recover reasonable attorney's fees and other costs in that action or proceeding in addition to any other relief to which it may be entitled. Client has provided Bur Oak Veterinary & Podiatry Services with a valid credit card number and hereby authorizes Bur Oak Veterinary & Podiatry Services, LLC to charge the credit card for services rendered in accordance with the terms of this agreement. By signing below you are consenting to the examination and treatment of your equine and or pet and acknowledging that you will be financially responsible for the fees incurred for services rendered by Bur Oak Veterinary & Podiatry Services, LLC. You may request an estimate of anticipated fees before services are performed. There are no guarantees or assurances of the outcome from any examination or treatment provided. Bur Oak Veterinary & Podiatry Services LLC may be labeled in this document as BOVPS.

Client's Signature : _____ Client's Name (Printed): _____

Date: _____ email: _____ @ _____

Driver's license # _____ State: _____ Phone Number: _____

*****It is up to you, the client to notify us of any changes or transfer of ownership. If you are the manager of the farm where the horse is located or the trainer, it is up to you to notify us of the owner's name or responsible party of the horse and their address. If the animal is at your farm and we don't receive payment for the services rendered past 60 days you are then the responsible party for the open invoices. We must have this entire form, both sides completed and returned to us at: 2830 Old Lemons Mill Rd. Lexington, KY 40511 or info@buroakveterinary.com

I understand the Payment Terms listed on page 1: _____ initial

CLIENT CREDIT CARD - ON FILE

This Form MUST be filled out by all of our clients, even those with current in-house accounts

Client Credit Card Authorization:

I, _____ hereby authorize Bur Oak Veterinary & Podiatry Services, LLC to keep my credit card and signature on file and to charge my account for services rendered. Credit card information is confidential and kept secure. This authorization is incorporated by reference to the Bur Oak Veterinary & Podiatry Services agreement. Pursuant to the terms of the Fee Agreement, Section 4: "If payment for services rendered is not received in full within 30 days of service, Client authorizes Bur Oak Veterinary & Podiatry Services to apply the charges to my credit card on file." By providing my credit card number and signature, I authorize Bur Oak Veterinary & Podiatry Services to charge my credit card for an account balance that is outstanding 30 days past the date of service. A detailed invoice shall be sent prior to any charges applied to the below listed credit card. _____ (Initial). This authorization is revocable at any time upon written notification to Bur Oak Veterinary & Podiatry Services with written confirmation from Bur Oak Veterinary & Podiatry Services. We accept Master Card, Visa, Discover and American Express.

Name on Card: _____ Signature: _____

Billing Address: _____

Card Type: _____ Card Number: _____

Zip or Postal Code: _____ Expiration: ____/____ CVV (security code): _____

Email Address for Receipt: _____ @ _____

Please read the following and initial next to the appropriate line

_____ Keep Authorized CC on File: I would like to authorize BOVPS to keep my card on file for all services rendered by any and all BOVPS staff and charge my card at the time of each service until I cancel this authorization in writing as mentioned above. I understand my card will be charged for services that I may not be notified of immediately. * by signing here the card will be charged and a receipt of the charges will be sent via email.

_____ I would like invoices sent via email prior to credit card being charged, I will respond within 24 hours of invoices being sent on amount to charge on card or if I will mail a check I will notify BOVPS if I intend to mail a check. If I do not respond to the email within 24 hours, I understand my card will automatically be charged for the full amount of the invoices. A receipt will be sent.

_____ I will pay my bill within the 30 days with a check, should I fall late by 31 days, I authorize BOVPS to charge my credit card on file for the full amount of the invoice(s). A receipt will be sent.

You must call or email with a new credit card should you receive a replacement card in the mail.

Name Of Horse(s) _____

Trainer Name _____

Phone Number and name of responsible party: _____