



ROTENBERG VETERINARY P.C.

A. ROTENBERG DVM M. GILIBERTO DVM S. SHAW DVM, DACVIM J. DONALDSON DVM

Client Service Agreement

Dear New Client,

On behalf of the Rotenberg Veterinary Professional Corporation team, we would like to take this opportunity to welcome you to our practice. We pride ourselves on providing exceptional equine care. Our clients and patients are the most important part of our business and we are dedicated to ensuring your satisfaction.

We are honored to be a part of your horse's care team and are committed to providing you with state-of-the-art healthcare tailored to your individual needs. We are keenly aware of the time and money you dedicate to your horse and are fully committed to helping you reach your goals with them. A mutually respectful relationship is imperative for us to meet these goals. All members of our team are integral to the care of your horse and we kindly ask that you treat everyone with respect.

Enclosed are a few documents to help you get acclimated to our practice. Please familiarize yourself with our policies and complete the necessary forms. Should have have any questions, please contact us by email at rotenbergvet@gmail.com

Sincerely,

Drs. Marisa Giliberto, Sarah Shaw, and Jenna Donaldson
Rotenberg Veterinary P.C.



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Client Service Agreement

This agreement is entered into on this _____ day of _____ 20__ by and between Rotenberg Veterinary Professional Corporation and _____ (hereinafter "Client") for equine veterinary services. This contract shall apply to any and all services provided and products sold by Rotenberg Veterinary P.C.

Client Name:

Phone Number:

Address:

Email Address:

Trainer/Barn Name:

Horse Location:

Horse(s) Name:

I hereby authorize Rotenberg Veterinary P.C. to provide routine and emergency care to my horse(s) at the request of the below listed people in my absence. I agree to accept all financial responsibility for services ordered by the below listed people on my horse(s)'s behalf:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____



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Terms of Service

1. Payment is due at the time of invoicing.
2. Unless otherwise requested, all invoices shall be provided electronically.
3. Client may pay by e-transfer to rotenbergvet@gmail.com or by credit card.
4. If payment for services rendered is not received in full within 30 days of invoicing, Client hereby authorizes Rotenberg Veterinary P.C. to apply the charges to their credit card on file.
5. Client must list any agents or representatives that may request and authorize veterinary care or order supplies on behalf of Client. Changes to veterinary agent or representative authorization must be submitted to Rotenberg Veterinary P.C. in writing by email to rotenbergvet@gmail.com in order to avoid any unauthorized veterinary service charges. Rotenberg Veterinary P.C. shall not be responsible for verifying current agent or representative authorization.
6. This contract applies to all veterinary services provided by Rotenberg Veterinary P.C. to any and all horse(s) on my behalf, whether or not the horse(s) are listed on this form
7. Rotenberg Veterinary P.C. has the right to terminate this agreement at any time with 14 days' notice. Rotenberg Veterinary P.C. has the right to decline service to clients with accounts that are past-due beyond 30 days.
8. Rotenberg Veterinary P.C. stores credit card numbers in compliance with Payment Card Industry Data Security Standards (PCI DSS). In accordance with regulations, credit card numbers are stored on a firewall and password protected computer, in a financial software program that is also protected by software and complex passwords. As such, Client's credit card number relating to this agreement shall be submitted on a separate form and deleted immediately after being entered into the secure software. Client has provided Rotenberg Veterinary P.C. with a valid credit card number and hereby authorizes Rotenberg Veterinary P.C. to charge the credit card for services rendered in accordance with the terms of this agreement.
9. Except to the extent paid in settlement from any applicable insurance policies, and to the extent permitted by applicable law, each Party agrees to indemnify and hold harmless the other Party, and its respective directors, shareholders, affiliates, officers, agents, employees, and permitted successors and assigns against any and all claims, losses, damages, liabilities, penalties, punitive damages, expenses, reasonable legal fees and costs of any kind or amount whatsoever, which result from or arise out of any act or omission of the indemnifying party, its respective directors, shareholders, affiliates, officers, agents, employees, and permitted successors and assigns that occurs in connection with this Agreement. This indemnification will



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survive the termination of this Agreement. This Agreement will be governed by and construed in accordance with the laws of the Province of Ontario.

- 10. Emergency coverage: we know how hard it is for horse owners and farm managers to find reliable emergency coverage and pride ourselves on being readily available to care for our patients and clients when an emergency arises. In order to guarantee 24/7 ER coverage, please return this completed and signed form. In case of emergency, our answering service can be reached at (905) 857-6809 at any time of day or night.

By signing below, you are consenting to the examination and treatment of your horse and acknowledging that you will be financially responsible for the fees incurred for services rendered by Rotenberg Veterinary P.C. 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.

So Agreed:

Client's Signature

Client's Name (Printed)

Date: _____

(Clinic to sign)

M. Giliberto, DVM, S. Shaw DVM, DACVIM, J. Donaldson, DVM, Rotenberg Veterinary P.C.

Date: _____

Credit Card Authorization

P.O. Box 1015, Tottenham, Ontario L0G 1W0 (905) 857-6809 Email: rotenbergvet@gmail.com



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I, _____, hereby authorize Rotenberg Veterinary P.C. to keep my credit card on file and to charge my account for services rendered. Credit card information is confidential and kept secure. **Pursuant to the terms of the Agreement, Section 3: "If payment for services rendered is not received in full within 30 days of service, Client authorizes Rotenberg Veterinary P.C. to apply the charges to my credit card on file "**

By providing my credit card number and signature, I authorize Rotenberg Veterinary P.C. to charge my credit card for an account balance war that is outstanding 30 days past the date of service

_____ (Initial)

This authorization is revocable at any time upon written notification to Rotenberg Veterinary P.C. with written confirmation of receipt from Rotenberg Veterinary P.C.

PLEASE CHOOSE ONLY ONE OF THE FOLLOWING OPTIONS:

Select Here for Automatic Credit Card Payments at Time of Invoicing

OR

Select Here for a detailed invoice to be sent prior to any charges applied to the below listed credit card. You must inform us to charge the card once you review the received invoice.

Authorized Cardholder Signature

You will be contacted by our bookkeeper to provide your credit card information.