

**Megan L. Snyder, VMD**  
Damascus Equine Associates  
1941 Long Corner Road, Mt. Airy, MD 21771  
(814) 440-2377 [megan.snyder@snydervmd.com](mailto:megan.snyder@snydervmd.com)

## **New Client Form**

Welcome to the equine veterinary practice of Megan L. Snyder, VMD. I am a part of a group of independent equine veterinarians that make up Damascus Equine Associates. The other members include: Roger Scullin, VMD; Peter Radue, DVM; James Lewis, DVM; and Michael Erskine, DVM DABVP (equine). Each veterinarian has their own ambulatory practice that covers an area including most of Montgomery and Howard county, and parts of Carroll and Frederick counties. The Damascus Equine Clinic is located in Mount Airy and offers outpatient care by appointment only. We also offer internal medicine services provided by Dr. Amy Polkes, DVM DACVIM.

Our mission is to provide you and your horse with the highest quality care available 24 hours a day, 7 days a week. Our experienced equine staff will work with you and to provide first-rate service and diagnostics. Our medical care is based on proven, scientific medicine, utilizing advanced diagnostic equipment and therapeutic techniques.

### **In Case of an Emergency...**

Please call **(866) 435-7119**

If you have an urgent emergency and have not received a response within 15 minutes, please call the emergency line again.

*Payment for veterinary services is due in full upon receipt of our monthly bill. Overdue balances are subject to a 1.5% per month service charge and/or a minimum rebilling fee. Accounts with balances that are 90 days overdue are subject to a payment plan with established minimum payments and a credit limit.*

Thank you again for using our services and we look forward to working with you!

Please complete and return the following forms by fax, email or mail.

## **Client Information**

Name: \_\_\_\_\_

Name of Financially Responsible Party (if under 18): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number (Home): \_\_\_\_\_

Phone Number (Cell): \_\_\_\_\_

Phone Number (Work): \_\_\_\_\_

Email address: \_\_\_\_\_

Preferred method of contact (check all that apply):

Home phone                  Cell phone                  Work phone                  Email

Would you prefer to receive appointment reminders via email?    Yes    No

If you were referred to us by one of our clients, please let us know so that we may thank them \_\_\_\_\_

## **Billing Policy**

- Payment for veterinary services is due in full upon receipt of our monthly bill.
- Overdue balances are subject to a 1.5% per month service charge and/or a minimum rebilling fee.
- Accounts with balances that are 90 days overdue are subject to a payment plan with established minimum payments and a credit limit.

# Account Information

*(All sections below are required)*

Please initial after each statement below.

I understand that payment at the time of service is required for the first appointment. Payments may be made by check, cash or credit card.

\_\_\_\_\_

I understand that payment for veterinary services is due in full upon receipt of our monthly bill. Overdue balances are subject to a 1.5% per month service charge and/or a minimum rebilling fee. Accounts with balances that are 90 days overdue are subject to a payment plan with established minimum payments and a credit limit.

\_\_\_\_\_

I hereby authorize Megan Snyder, VMD to provide veterinary care to my horse(s) in my absence.

\_\_\_\_\_

I agree that am currently able to comply with the payment requirements, but if I should become unable to make payment upon receipt of the monthly invoice, I will contact the office to discuss other arrangements for payment.

\_\_\_\_\_

I understand that there is a \$25.00 charge for returned checks.

\_\_\_\_\_

Should Megan Snyder, VMD, be forced to initiate administrative and/or legal action to collect unpaid invoices from me, I consent to service of process by means of nationally recognized carrier with respect to any such claim by delivery of summons and complaint to the address listed on this form. Any legal proceedings shall occur in Howard County, Maryland.

\_\_\_\_\_

Type of Credit Card:                      Visa                                      MasterCard                                      Discover

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_                      CVV2# (last 3 digits on the back of the card): \_\_\_\_\_

I would prefer to charge my credit card automatically for my first appointment

I would prefer to not charge my credit card and will pay for my first appointment by check or cash at the time of the appointment

I would like to have my credit card charged automatically at the end of the month for the balance in full for future statements

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Horse Information

Horse Name	Horse Full Name (name on Coggins)	Age	Breed	Sex	Color	Farm Location
				Mare Gelding Stallion		
				Mare Gelding Stallion		
				Mare Gelding Stallion		
				Mare Gelding Stallion		
				Mare Gelding Stallion		
				Mare Gelding Stallion		

**Please include all medical history that is available for each horse**

**Notes:**

