

Tampa Bay Equine Practice, LLC



Traditional and Alternative Veterinary Medicine

**CONSENT TO VETERINARY SERVICES**

Client/Owner Name: \_\_\_\_\_ Tel. No. \_\_\_\_\_

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

Horses covered by this statement:

- |          |          |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |

Person(s) authorized to request veterinary treatment for above horse(s):

\_\_\_\_\_

By signing below, I hereby:

- Authorize Dr. NancyLee Bielawski of Tampa Bay Equine Practice, LLC to perform veterinary services on my horse(s).
- Authorize the person listed above to order veterinary services on my behalf.
- Agree to pay the charges associated with the veterinary services and goods rendered to my animal(s).
- Agree that the card approved herein will be used to pay for these services unless other arrangements are made when the services are performed.

Credit Card Information:

Indicate card type: (Visa, Mastercard, Discover, or American Express):

Name on Card: \_\_\_\_\_

Billing Address if diff from above: \_\_\_\_\_

Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ 3 Digit Code: \_\_\_\_\_

Please charge my card automatically and send receipt.

CLIENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Please provide Dr. Bielawski a copy of this signed consent form before requesting service under this agreement.