



Kopec Veterinary Associates

24 Hour Mobile Equine Service And Haul In Facility

55 Prospect Road, Elizabethtown, PA 17022

717-361-8700. 717-361-8708 fax

www.kvaequine.com

HOSPITAL ADMISSION AGREEMENT AND CONSENT

I, the undersigned, do hereby certify that I am the owner, leasee and/or agent of the animal identified herein and that I hereby authorize Kopec Veterinary Associates to evaluate, assess, treat and/or perform procedures (breeding, surgical, medical) which are deemed necessary by the attending veterinarian.

I further authorize and certify that the nature and performance of procedures medical or surgical, identifiable alternative methods, and treatments carry certain risks and possible complications. These have been fully explained to me and are understood by me. I also recognize there are no guarantees or assurances for 100% success with any reproductive, medical or surgical procedure.

PAYMENT POLICY

I (the owner or duly authorized agent thereof) agree to accept responsibility for full payment of all breeding, treatments, surgeries and/or services rendered by Kopec Veterinary Associates, regardless of the accuracy of the fee approximation shown.

I agree to pay a deposit of no less than 50% of the initial fee estimate when the horse is admitted to Kopec Veterinary Associates. I agree to pay the balance of the fees due before the release of the horse from Kopec Veterinary Associates.

If other financial arrangements are needed, I will contact the office manager of Kopec Veterinary Associates (phone 717-361-8700) prior to bringing the horse to Kopec Veterinary Associates. We accept cash, personal checks, money orders, Visa, MasterCard, Discover and CareCredit.

If it is necessary to bring an action to compel the payment of fees or costs, the undersigned shall pay all costs incurred in collection of the debt and reasonable attorney fees.

The initial fee estimate is \$ _____. The owner/agent will be contacted if the charges go beyond this agreed upon amount.

ADMITTANCE-VISITING-DISCHARGE POLICY

I understand that no horse will be brought to Kopec Veterinary Associates without prior agreement as to time and date.

I understand that I may be able to visit my horse at Kopec Veterinary Associates between the hours of 8:00am and 4:00pm Monday-Friday or by other arrangements.

I understand that no horse will be discharged from Kopec Veterinary Associates without prior agreement as to time and date.

I hereby state that I have read and understood this authorization and release and acknowledge receipt of a copy thereof.

If signing as agent of the owner, the undersigned warrants that he/she has authority to bond the owner. I acknowledge that I have been informed that fees for the treatment that may be rendered to this animal are approximate.

OWNER/AGENT _____ DATE _____
EMERGENCY NUMBER _____ PATIENT _____
PRINTED NAME: _____

Brian Kopec, D.V.M.
Molly C. Kopec, D.V.M.

Heather M. Crather, D.V.M.



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PATIENT ADMISSION FORM

Patient Name: _____
Owner Name: _____
Contact #: _____

Feeding Instructions

Feed: *Product* _____ *Amount* _____ *Hay*: _____

Medication (s): _____ Supplements: _____

Vices

Kicks Yes No Bites Yes No Cribs Yes No Other _____

Insurance Information

Is your horse insured? Yes No

If yes, Insurance Company's Name and Number _____

Drug Allergies

Does your horse have drug allergies or reactions? Yes No if yes, explain _____

Patient History

Vaccination	Date Last Vaccinated	Vaccinate during Stay?
E,W Tetanus		<input type="checkbox"/> Yes <input type="checkbox"/> No
West Nile		<input type="checkbox"/> Yes <input type="checkbox"/> No
Rabies		<input type="checkbox"/> Yes <input type="checkbox"/> No
Influenza		<input type="checkbox"/> Yes <input type="checkbox"/> No
Rhinopneumonitis		<input type="checkbox"/> Yes <input type="checkbox"/> No
Potomac Horse Fever		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Coggins:	Date Last Tested:	Draw during stay? <input type="checkbox"/> Yes <input type="checkbox"/> No

Deworming History

Date Last Dewormed:
Product Used:
Fecal Testing During Stay:
<input type="checkbox"/> Yes <input type="checkbox"/> No

Farrier History

Date Last Trimmed:

Equipment/Tack/Feed:

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Credit Card Payment Authorization Form

Payment is due in full at the time of service. Please sign and complete this form to authorize Kopec Veterinary Associates to make a debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date.

Kopec Veterinary Associates requires ALL out of state clients to have a credit card on file for services rendered.

Please complete the information below:

Amount: \$ _____

Your completion of this section of this authorization form helps us to protect you, our valued client, from credit card fraud. All information entered on this form will be keyed into a completely secure credit card vault whereby the card information will be encrypted and tokenized. What this means to you is, our staff will no longer have visibility to your full credit card information after it is secured. When an invoice is due to be paid, we will be able to charge "the card on file" without keying in the number again.

Account Type: Visa MasterCard Discover AMEX CareCredit

Cardholder Name: _____

Account Number: _____ Exp Date: ____/____/____ CVV#: _____

Billing Address(If different): _____ Phone#: _____

City, State, Zip: _____ Email: _____

***Please select a payment option: (If no option is selected – Full account balance will be charged)**

ONE TIME USE ONLY

KEEP CARD ON FILE FOR FUTURE USE

AUTOMATICALLY CHARGE CARD FOR ALL SERVICES

(I understand my card may be charged for services without prior notification to me)

AUTHORIZED SIGNATURE _____ DATE _____

I authorize Kopec Veterinary Associates to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above or to keep the credit card on file with Kopec Veterinary Associates. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

THIS FORM WILL BE DESTROYED ONCE CREDIT CARD INFORMATION IS ENTERED