



FLEURIEU EQUINE CLINIC

238 Deep Creek Road, Currency Creek SA 5214
1300-0-HORSE (1300 046 773)
info@fleurieuequine.com
www.fleurieuequine.com

CLIENT REGISTRATION FORM

First Name:	Last Name:
Business/Stud Name:	
Driver's License No.:	DOB:

Residential Address:		
Suburb:	State:	Postcode:
Postal Address (if different from Residential):		
Suburb:	State:	Postcode:

Mobile:	Home Phone:
Email:	
Place of Employment:	Work Phone:

Terms & Conditions

All products and services require payment at the time of consult. An account for any balance will be issued and must be paid for in full within 14 days.

For overdue accounts, a monthly account fee of \$10 will apply. Accounts of over \$1000 will incur a 2% surcharge per month. We reserve the right to pass on any unpaid accounts to our debt collection agency without notice and all costs, disbursements and commission fees incurred will be charged to you.

Under special circumstances, and with prior arrangement only, a payment plan may be negotiated for emergency treatments only. We encourage the use of VetPay in these situations. *Please discuss this with us prior to engaging our services.*

Please inform us if your animal is insured, however your account must be settled with us without delay, and regardless of the insurance company's payment to you.

Client Consent

I, being the owner, hereby authorise Fleurieu Equine Clinic to examine, prescribe for, or treat my animals and agree to pay for all services rendered. I understand that accounts are due in full no later than 14 days from the time of invoicing and that additional charges will apply as stated above. I understand that a deposit may be requested prior to hospitalisation or surgery.

Client agreement & signature: _____ Date: _____