



Kopec Veterinary Associates, P.C.

24 Hour Mobile Equine Service And Haul In Facility

400 Stackstown Road, Marietta PA 17547
717-361-8700, 717-361-8708 fax
kvaequine@gmail.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, AMEX 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: _____
PRINTED NAME: _____ EMERGENCY CONTACT #: _____
PATIENT: _____

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

Heather M. Crather, D.V.M.
Jessica Benson, D.V.M.



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BOARDING CONTRACT

Horse: _____ Color: _____ DOB: _____ Reg/Tattoo/Microchip: _____
 Owner: _____ Phone #: _____ Email: _____
 Billing Address: _____ City: _____ State: _____ Zip: _____
 Insured: yes no If yes, Company Name: _____ Phone#: _____ Policy#: _____

Complete section below if broodmare.

Stallion Booked to: _____ Farm: _____ Farm Phone#: _____
 Is your mare: Barren Maiden In Foal If so; Due Date: _____
 Progesterone Mare? If so; Oral Injection Dose: _____ Other medications/Supplements: _____
 Stallion bred to in _____: _____ Last Bred (date): _____

**** PROOF OF VACCINATIONS MUST ACCOMPANY HORSE OR THEY WILL BE GIVEN WITHIN 48 HOURS OF ARRIVAL ****

PAYMENT IS DUE IN FULL AT THE TIME OF DISCHARGE. 24 HOURS NOTICE REQUIRED FOR ARRIVAL OR DEPARTURE OF HORSES. NO HORSES SHIP ON SUNDAYS OR HOLIDAYS.

CONDITIONS AND TERMS

- 1. ACCEPTANCE OF HORSE/HEALTH CARE:** Kopec Veterinary Associates (hereinafter referred to "KVA") reserves the right to reject any horse physically unfit, (no blind, chronically lame or infected horses will be accepted). Horse must be accompanied by a valid, negative Coggins test. Approved booking contract for mare must be on file with the farm which stands the stallion. No mare will be bred for patrons with overdue accounts due to KVA. KVA is authorized without liability and at its discretion to engage veterinary service, trim feet, de-worm, vaccinate, administer feed supplements or do any other work deemed by them to be contributory to said animal's general or reproductive health or appearance with charges for such services to be billed to said animal's owner on a monthly basis. KVA reserves the right to wean foals at their own discretion.
- 2. PAYMENT OF FEES:** The undersigned owner/agent agrees to immediately notify KVA in writing of any sale or transfer of the horse. All board bills must be paid before a horse is removed from the farm and owner/agent must give Kopec Veterinary Associates at least 24 hours notice of his intention to remove any horse from the farm. All amounts due under this agreement shall be payable in US currency or check approved by KVA. The owner represents that the horse boarded with Kopec Veterinary Associates is held by the owner for the breeding of horses for sale and accordingly, any charges made by Kopec Veterinary Associates are exempt from Pa sales and/or use taxes.
- 3. FAILURE TO PAY FEES:** A 2% monthly late charge, compounded shall be assessed on any outstanding balance for board bill not paid within 10 days of presentation. The owner of the horse and/or the person or the entity executing this agreement on behalf of the owner shall also be liable for attorney's fees in the amount of thirty three and one third of all sums, interest and late charges due, together with all cost and expenses of any legal action instituted to collect any fees owed under this Agreement. Such attorney's fees shall be due and payable whether or not collection proceedings are instituted.
- 4. RELEASE FROM LIABILITY:** Neither KVA nor its members, agents, or employees nor any affiliate shall be liable for any illness, injury, disability or death suffered by any horse during transportation or while in the care and custody of Kopec Veterinary Associates or any cause whatsoever, including negligence, and the undersigned specifically assents to such conditions and waives all and any claim for damages, whether direct or consequential, resulting from or relating to such illness, injury, disability or death. The owner of the horse acknowledges that it is the custom and the usage in the standardbred horse breeding and boarding business that all such risks from any source whatsoever to any mare, foal, weanling, and yearling are assumed solely by the owner.
- 5. GOVERNING LAW/ENTIRE AGREEMENT:** It is agreed that KVA maintains a place of business in the state of PA. This agreement and the application or construction thereof shall be governed exclusively by the laws of the State of Pennsylvania. Any disagreements, contests, or lawsuits arising out of or relating to this agreement shall be brought within the courts of the state of PA or such state where the stallion or the horse shall be located. The choice of the forum state shall be that of KVA. The parties agree the service of process may be effected by certified or registered mail, return receipt requested or by regular mail if certified or registered is refused. The parties agree and do hereby waive trial by jury. This agreement constitutes the entire agreement between the parties and cannot be modified unless agreed in writing and signed by Kopec Veterinary Associates.

I CERTIFY THAT I AM THE CURRENT OWNER OF THE ABOVE NAMED HORSE AND UNDERSTAND AND AGREE TO ALL TERMS AND CONDITIONS OUTLINED ABOVE. I FURTHER CERTIFY THAT ANY AND ALL CO-OWNERS HAVE AUTHORIZED ME TO ENTER INTO THIS CONTRACT ON THEIR BEHALF.

Owner's Signature: _____ Date: _____

Approved: _____ Date: _____

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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
Botulism		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Coggins Test	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

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: _____

Card 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

(Any balance over 30 days will automatically be charged to the card)

AUTOMATICALLY CHARGE CARD FOR ALL SERVICES

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

****CARECREDIT ONLY:** Drivers license or another form of ID is required for **CareCredit** transactions if no expiration date or CVV available.

ID Exp Date: ____/____ State: _____ *(Forms of ID: Drivers License, Military ID, Photo ID etc)*

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