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MAGNOLIA SPORT HORSE
EQUINE LAMENESS AND IMAGING, PLLC

I, _____, affirm that I am the owner/buyer or authorized agent for the horse _____ and give consent for the doctors and staff of Magnolia Sport Horse Equine Lameness and Imaging, PLLC to perform the examination and recommended diagnostics and treatments for the above named horse. Additionally, all charges and costs associated with the above-mentioned horse and procedures will be paid in full at the time of service, or written agreement between Magnolia Sport Horse and myself otherwise determined to complete full payment in a timely fashion. Accounts not paid or other agreements not made within 45 days of invoicing may be charged a finance fee or interest at 8% APR.

Do you authorize any trainers, grooms, or other agents to make medical decisions regarding the above horse and/or receive medical records? Yes No

If yes, please list names and contact information below:

Name, Email and Phone Number

Please select your preferred payment method:

Credit or Debit Card Personal or Business Check Cash

If credit or debit was selected, by signing below you are authorizing Magnolia Sport Horse to charge your credit or debit card for the amounts disclosed on your invoice or in a separate written agreement.

Do you authorize Magnolia Sport Horse to retain your credit or debit card information for future charges? Yes No

For security reasons, your credit card information is stored only by our merchant and is not stored

locally. Any credit or debit card or bank information provided via written form, email, phone call, or voicemail will be destroyed after it is transferred to the merchant.

This selection can be amended at any time for future charges. Please let us know at your appointment, by e-mail, or other written request to change your payment-type preference.

In the event of an emergency regarding your horse, Magnolia Sport Horse will make every effort to contact you or your agent for further instruction. If we are not able to reach you, medical decisions will be made in the best interest of the horse.

Magnolia Sport Horse reserves the right to refuse service to any individual or farm who accumulates ongoing debt, is abusive or disrespectful to the staff and doctors of Magnolia Sport Horse, or those who request unethical or illegal procedures or medications.

By signing below you acknowledge that you have read and agree to the terms listed above.

Signature _____

Date: _____