



David J Crum, DVM
Sports Medicine, Lameness, Dentistry
And Minor Surgery

1875 Rainbow Dr. NW
Lancaster, OH 43130
www.crumequine.com

Office 740-653-6000
Emergency Only 1-800-216-6050
Email: mail@crumequine.com

Service Authorization Form

*** Required information (Must be 18 years)**

Owner/Client Name
First Name*
Last Name*
Address*
City*
State*
Zip Code*
Home/Cell Phone*
Work Phone
Email Address
Horse Information
Horses Name*
Breed
Age
Color
Gender
Boarding Stable if Applicable
Stable Address if Applicable/Phone
Insurance if Applicable



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Additional Horses – Please add information below

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Authorized Agent/Trainer

First Name

Last Name

Phone Number

Additional Agents/Trainers – Please add information below

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*I authorize my agent/trainer to make appointments, order medication and schedule treatments for my horse(s)**

- Yes
- No
- Not Applicable

Authorizations *

- I am the only person that may authorize care, including emergency care
- Only I may authorize routine or non-emergency care, but I authorize the above agent for emergency care
- The above agent may authorize any care including but not limited to emergency, non-emergency and prescriptions



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Payment Policy

1. Payment is expected at time of service. If this is not possible, we may agree to a payment plan arrangement.
2. There is a 1.5% monthly (18% annually) interest charge on all account balances over 30 days.
3. If an account is 90 days past due and a payment has not been received within the last 30 days, we may refer the account to an attorney or collection agency, and you will be responsible for all cost incurred.
4. There will be a \$35.00 fee for all returned checks.
5. A farm call fee may be charged to any client that misses an appointment. A \$25.00 fee may be charged to any client that does not give at least 12 hours notice to cancel an appointment.

I have read, understand and agree to CEVS Payment Policy

Accepted Payment Methods

- Cash, Check, Money Order
- Visa, MasterCard, American Express, Discover Card
- CareCredit (subject to approval) www.carecredit.com

CareCredit Information

CareCredit Account if Paying by CareCredit (16 digit account number)

Credit Card Information

Card Number

Security Code on Back

Expiration Date

Print Name: _____

Signature* _____

By signing, I agree I have read, understand and voluntarily agree to comply with the terms and conditions of the Agreement as a legally enforceable contract with Crum Equine Veterinary Service.