

Midwest Veterinary Centre Equine Consent form

Owner Details- Account holder responsible for all costs incurred (All fields must be completed)

First Name: _____ Surname: _____

Billing Address: _____

Contact Number: _____

Email address: _____

Authorized person/s to request our services (All fields must be completed)

First Name: _____ Surname: _____

Animal Address: _____

Contact Number: _____

Email address: _____

- By signing this form, I the owner _____ hereby give consent for the above authorized person to book the necessary work for my animal without my further consent.
- I authorise Midwest Veterinary Centre to carry out any work requested by the authorized person/s, and I understand I will be liable for all costs associated with the procedures including all fees and charges.
- I understand the payment terms for Midwest Veterinary Centre are strictly 14 days from the date the service was provided.
- I understand if I fail to make payment for my invoice within the stated 14 days, I give permission for Midwest Vets to deduct the overdue amount from the nominated credit card below without further notice.
- I acknowledge that no further work will be carried out until I return this consent form signed by all parties by either email, post, or taken in to Midwest Veterinary Centre.

Credit Card Details

Type of card: Visa OR MasterCard Name on card: _____

Credit Card Number: _____

EXP: _____ CVC Code (last three digits on the back of card: ___ ___ ___)

I hereby authorize Midwest Veterinary Centre to charge this credit card as per the terms and conditions stated above if and when necessary.

I acknowledge that I have read these conditions and hold myself bound thereto.

Owner Name: _____ Signature: _____ Date: _____

Midwest Vet Staff: _____ Signature: _____ Date: _____