



EQUIGEN LLC REQUEST FOR & AGREEMENT OF SERVICES

Authorization for Examination/Treatment & Financial Responsibility



Please print

Name: _____ Date _____

Billing Address: _____

Town/City _____, State _____, Zip Code _____

Physical Address (if different than billing address):

Phone number/s _____

e-mail address _____

I am the owner or agent of the below described animal/s and have the authority to execute this consent.

I request that EquiGen LLC and its agents perform the services which are necessary to the examination and treatment of the animals presented to them. I request that EquiGen LLC utilize (please check your preferred option) when diagnosing and treating the below described animal/s.

- 1. Western / conventional based medicine only _____.
- 2. Traditional Chinese Veterinary Medicine only _____.
- 3. Western and/or Chinese Veterinary Medicine _____.

For clients who checked either option 2. Or 3.

(I KNOW TO CONTACT MY REGULAR VETERINRIAN IN THE EVENT OF AN EMERGENCY)

I also understand that some therapies that utilize TCVM (acupuncture, Chinese herbal medicine, Tui Na) may not be accepted as standard methods of treatment by the American Veterinary Medical Association.

For all EquiGen & Dr. Meisenburg's Clientele please read:

The nature and purpose of the procedures and methods of treatment, risks involved, and possibility of complications have been fully explained to me. I acknowledge that no guarantee or assurance has been made as to the results that may be obtained.

I assume financial responsibility for all charges incurred to the patient for services rendered and understand that **full payment is required at the time of services** unless otherwise pre-arranged payment options have been agreed upon. Payment options include, credit card, Care Credit and *monthly billing for selected clients and farms as determined by EquiGen and staff. This agreement shall remain in effect until such time a different agreement is executed.

*Monthly billing will require a valid credit card number to be on file.

*Interest/Late Fees will be assessed for overdue accounts.

*If account is overdue 30 days the bill will be charged to the credit card on file.

Individual animal/s to be examined or treated _____

~OR~

I permit EquiGen LLC and it's agents to perform exams and treatments on ALL animals owned by me.

Signature of owner or responsible agent _____

Signature of Witness _____