

Juliea McCall, DVM

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(585) 662-7617

Veterinary Service Agreement

Client Information:

Name: _____

Address: _____

Street / City / State / Zip

Phone: Home and /or Work #s _____

Mobile (cell) # _____

Email: _____

Name of person authorized as agent for veterinary care & their contact number: _____

Acknowledgement of Veterinary Services

Please initial after each statement:

I authorize Juliea McCall, DVM to provide Chiropractic, Acupuncture, and / or basic veterinary care for my horse _____

I authorize Dr. McCall to communicate with other veterinarians as needed regarding my horse's medical record and care. This may include specialists if / when warranted, and my primary care veterinarian, if other than Dr. McCall _____

I authorize Dr. McCall to communicate with my farrier regarding my horse's medical record and care _____

I understand that payment for veterinary care is due at the time of service, and can be received as cash, check, or credit card _____