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**TREATMENT CONSENT FORM**  
**\*Payment Due When Services Rendered\***

Horse's Registered Name: \_\_\_\_\_

Horse's Barn Name: \_\_\_\_\_; Reg.# \_\_\_\_\_

Age: \_\_\_\_\_; Color: \_\_\_\_\_; Sex: \_\_\_\_\_; Breed: \_\_\_\_\_

Is Patient Insured: Yes  No ; If so, Name of Agent/Agency: \_\_\_\_\_

Contact Phone No: \_\_\_\_\_; Policy No.: \_\_\_\_\_

(If insured please note that payment is due at the time of service not when claims are settled)

**Payment Policy**

Please indicate your choice of payment below:

Cash: \_\_\_\_\_; Check: \_\_\_\_\_; Driver's License No.: \_\_\_\_\_; State: \_\_\_\_\_

\* A \$30.00 service charge will be assessed for all returned checks. \*

Debit/Credit Card Name: \_\_\_\_\_;

Card No.: \_\_\_\_\_; Expiration: \_\_\_\_\_;

CCV Code (3 digits on back) \_\_\_\_\_

\*Email Address: \_\_\_\_\_; Best Phone No. \_\_\_\_\_

I certify and warrant that I am the owner and/or owner's agent of the above animal or that I am responsible for it and have the authority to execute this consent to treatment. I hereby authorize the use of such anesthetics as you deem advisable and the performance of such surgical or therapeutic procedures as you determine to be necessary. I agree to indemnify and hold you harmless from and against any and all liability arising out of the performance of any of the procedures. No further consents are required for treatment of this animal.

I understand that I am responsible for the payment of the charges associated with the care of this animal. In the event I fail to comply with these terms, I authorize Franklin Equine Services, LLC to charge the bill in its entirety to my card listed above. Should the account become delinquent, there will an 18% APR (1.5% monthly) assessed to the outstanding balance.

Should it become necessary to utilize the services of a collection agency or attorney to collect this account, the undersigned agrees to pay all costs of collection, including attorney fees and expenses, court costs, and interest. This Agreement is made and entered into in Franklin, Tennessee. Jurisdiction and venue for all suits relative to treatment by FES of my horse(s) shall be Williamson County, Tennessee.

Owner/Agent Name: \_\_\_\_\_

\* \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_