



New Client Agreement

Welcome to the veterinary practice of Erskine & Associates Equine Veterinary Practice, LLC. Dr. Michael Erskine, Dr. Suzanne Welker and Dr. Alexandra Yerkes are affiliated with a group of independent equine veterinarians known as Damascus Equine Associates (DEA). The members of DEA include Dr. Roger Scullin, Dr. Peter Radue, Dr. Edward Radue, Dr. James Lewis and Dr. Megan Snyder. Each veterinarian has their own ambulatory practice that covers most of Montgomery and Howard Counties and includes parts of Carroll and Frederick Counties.



Damascus Equine Associates practice is a full-service ambulatory equine practice that provides comprehensive primary care for our patients and clients. We share emergency coverage so you may see one of the other veterinarians in case of an emergency. Our practice provides comprehensive primary care services for our patients and clients including emergency services. In order to provide this level of care, we are unable to provide emergency services for clients of other veterinary practices. A current annual Rabies vaccination is required for all patients.

If your horse has an emergency:

- If it is during office hours (Monday-Friday 8:30am-5:00pm), call or text the office directly at 301-829-4977. If you don't get a response within 15 minutes, call the emergency line at 240-782-8350.
- If it is after hours or on the weekend, Call the emergency line (240) 782-8350
- If you have an urgent problem and have not received a response from a veterinarian within 15 minutes, please try again.



In order for us to provide veterinary care (routine or emergency) for a patient, a fully completed new client form must be on file.

Please complete and return the following forms by fax, email or mail.

Client Information

Name: _____

Name of financially responsible party (required if under 18): _____

Address: _____

Preferred method of contact: _____

Home phone: _____ **Work phone:** _____

Cell phone: _____ **Other:** _____

Email: _____

Date of birth: _____ **Are you in the military?** _____

Do you want to opt out of electronic statements? _____

If you have been referred by one of our clients, please let us know so that we can thank them.



Appointment Policy

We strive to provide excellent medical care to your horse(s) and the rest of our patients. To be consistent with this, we would like to describe our appointment policies. When an appointment is scheduled, that time has been set aside for your horse(s) and when it is missed, that time cannot be used to treat any other horse(s).

For health program appointments that are scheduled in advance, we will contact you to remind you about the appointment. We ask that you confirm with us **by noon the business day before the appointment**.

At that time, we will also:

- Request that you confirm the name(s) of the horse(s) on your list.
- Ask about any additional services you would like us to provide during that visit if time permits. **Please note, that if you don't inform us about additional services ahead of time, we might not have time at that appointment and you will have to schedule another appointment. This includes examinations and lists of questions.**
- Provide you with a two hour time window in which the doctor will arrive.
- Remind you that, in order to maintain appointment schedules, it is important for you to have your horse(s) ready (in stalls if available) before the doctor's arrival.
- Ask how far in advance of the doctor's arrival you would like to be called or texted so that you have adequate time to prepare for the visit.

This also allows us to be organized for the next day. Supplies, including vaccines, are stocked in advance so the doctor may not have enough supplies for horses that are not on the list. Changes to the list during the appointment may result in additional appointments/fees to perform unscheduled services.

We request that you please contact our office **by noon the business day before the appointment** in the event that you need to reschedule your appointment.

Cancellations without prior notice or missed appointments may be subject to a fee.

Emergencies and other unplanned delays do occur. Make sure that the office has a number where you can be reached the day of your appointment along with any time constraints in the event of schedule changes.

We hope that these policies will help our appointments run efficiently. We thank you in advance for your understanding.



This is an agreement between Michael D. Erskine, DVM, as creditor, and the Debtor named on this form. In this agreement the words "you," "your," and "yours" mean the Debtor. The word "account" means the account that has been established in your name to which charges are made and payments credited. The words "we," "us," and "our" refer to Michael D. Erskine, DVM.

By executing this agreement, you are agreeing to pay for all services that are received in a timely manner.

Name of financially responsible party: _____

Signature: _____ Date: _____

Please initial each paragraph.

_____ **Monthly Statement:** If you have a balance on your account, we will send you a monthly statement. It will show separately the previous balance, any new charges to the account, the finance charge, if any, and any payments or credits applied to your account during the month. All statements will be sent to the email address on file **unless you opt out.**

Payment options:

- Cash or check
- Credit card – Visa, MasterCard, American Express or Discover
- PayPal
- Venmo

_____ **Payments:** Payment is due in full at the time of your first appointment. A credit card number is required before your first visit and that card will be charged automatically for your first visit. Any future balance on your statement is due and payable when the invoice is issued and is past due if not paid by the end of the month. If payment is not received by the end of the current month, the credit card on file will be charged automatically. Other arrangements can be made, such as having us charge a credit card automatically each month, as long as we have approval in writing authorizing us to do so.

_____ **Charges to Account:** We shall have the right to cancel your privilege to make charges against your account at any time. Future visits would then need to be paid at the time of service.

_____ **Finance Charge:** A finance charge will be imposed on each item of your account which has not been paid within thirty (30) days of the time the item was added to the account. The **FINANCE CHARGE** will be computed at the rate of one percent (1.5%) per month or an **ANNUAL PERCENTAGE RATE** of eighteen (18%) percent. The finance charge on your account is computed by applying the periodic rate (1.5%) to the overdue balance of your account. The overdue balance of your account is calculated by taking the balance owed thirty (30) days ago, and then subtracting any payments or credits applied to the account during that time.



_____ **Credit History:** You give us permission to check your credit and employment history and to answer questions about your credit experience with us. We have the option to report your account status to any credit reporting agency such as a credit bureau.

_____ **Returned checks:** There is a fee (currently \$25) for any checks returned by the bank.

_____ **Missed appointment fee:** If you or the designated party responsible for your appointment does not show up on time for an appointment you may be charged a fee. This fee must be paid before a new appointment is scheduled.

_____ **Past due accounts:** If your account becomes past due, we will take necessary steps to collect this debt. If we have to refer your account to a collection agency, you agree to pay all of the collection costs which are incurred. If we have to refer collection of the balance to a lawyer, you agree to pay all lawyers' fees which we incur plus all court costs. In case of suit, you agree to service of process by means of nationally recognized carrier with respect to any such claim by delivery of summons and complaint to the address listed on this form. Any legal proceedings shall occur in Howard County, Maryland. You agree, in order for us to service your account or to collect any amounts you may owe, we may contact you by telephone at any telephone number associated with your account, including wireless telephone numbers, which could result in charges to you. We may also contact you by sending text messages or e-mails, using any e-mail address you provide to us. Methods of contact may include using pre-recorded/artificial voice messages and/or use of an automatic dialing device, as applicable.

_____ **Divorce:** In case of divorce or separation, the party responsible for the account prior to the divorce or separation remains responsible for the account. After a divorce or separation, the person authorizing treatment for the animal will be the person responsible for those subsequent charges. If the divorce decree requires the other party to pay all or part of the treatment costs, it is the authorizing party's responsibility to collect from the other party.

_____ **Transferring of Records:** You will need to request in writing. You authorize us to include all relevant information, including your payment history. If you are requesting your records to be transferred from another doctor or organization to us, you authorize us to receive all relevant information, including your payment history.

_____ **Consent for Care:** If you are not reachable, you consent to the treatment of your horse(s) and all resulting charges to your account in your absence by us or any member of Damascus Equine Associates.

_____ **Payment Plans:** Payment plans are available upon request.

_____ **Effective Date:** Once you have signed this agreement, you agree to all of the terms and conditions contained herein and the agreement will be in full force and effect.

Please contact the office at (301) 829-4977 to provide your credit card number.



Horse Information

Name	Name on Coggins
Breed	Gender
Year of Birth	Color
Farm Address	

Name	Name on Coggins
Breed	Gender
Year of Birth	Color
Farm Address	

Name	Name on Coggins
Breed	Gender
Year of Birth	Color
Farm Address	

Please send all previous records that are available