

Max Performance Equine Services

408697 E 1030 Rd, Henryetta, OK

(918) 800-3042

MaxPerformanceVet@gmail.com



Treatment & Payment Consent

Client Name		Client #	OFFICE ONLY
Email Address		Phone Number	
Mailing Address			

Treatment Consent

I am the owner of the above named animal or am responsible for it and have the authority to execute this consent. I hereby authorize the use of anesthetics and/or sedatives as you (Max Performance Equine Services, PLLC and/or Sara Miller, DVM and/or Justin Miller CF) deem advisable and performances of such surgical or therapeutic procedures as determine necessary. I understand that sedation and/or general anesthesia represents an inherent risk. I agree to indemnify and hold you (Max Performance Equine Services, PLLC and/or Sara Miller, DVM and/or Justin Miller CF) harmless from and against any and all liability arising out of the performance of any of the procedures.

If I am not the owner, I affirmatively represent and warrant to (Max Performance Equine Services, PLLC and/or Sara Miller, DVM and/or Justin Miller CF) that I am the Authorized Agent of the owner and that I possess complete power and authorization and am fully authorized by the owner to seek medical treatment for the horse(s) described above and to complete this form on the owner’s behalf, in the owner’s place and stead.

Payment Consent

I acknowledge that I am fully responsible for payments on any and all professional fees and expenses incurred in connection with the treatments by Max Performance Equine Services PLLC. Payments in full are required when services are rendered. Any unpaid balance will be charged to the credit card on file, if provided. Additionally, the client will be responsible for the reasonable cost of collection of any such unpaid amounts, including collection and attorney’s fees. Non-sufficient funds fee will be \$45 for returned checks and interest on unpaid invoices will accrue at 2% monthly, equivalent to a 24% APR.

All payments are due at the time of service for appointments and emergencies

I have read and agree to the provided Treatment Consent & Payment Consent statements provided to me by Max Performance Equine Services.

Owner/Authorized Agent Signature

Date