



SUNFLOWER EQUINE
VETERINARY CLINIC

Traci Gentry, DVM
Kelsey Bierbaum, DVM
Katie Haukos, MS, DVM

Client Agreement Contract

Our Mission:

- We exist for the horse; to protect and fortify their health, maximize their athletic potential, and share in the joy they bring us.

Communication:

- Phone calls should be made to 913-681-3636. If we do not answer, please leave a voicemail or text us with your request and we will respond as quickly as possible.
- New Email: sunflowerequinevet@gmail.com
- New Website: sunflowerequinevet.com
- Office hours are Monday-Thursday 8:00 am to 5:00 pm and Friday 8:00 am to 12:00 pm
 - While our doctors are working throughout the day on Fridays, we will be returning only emergency phone calls after noon to give them time to catch up on their work.
- Texting is limited to office hours. Text messages received after-hours will be addressed the next business day. Please do not text if you have an emergency.
- For after-hour emergencies, call 913-681-3636 and press 1 to leave a voicemail for the doctor on call.
- Please be aware all communication is being recorded for quality assurance.
- You may opt out from automatic text messages and emails at any time. Simply reply STOP or click the unsubscribe link in the emails.
- You must treat every person on our team with respect and consideration. If you fail to do so we reserve the right to discontinue services to you.

Emergency Care:

- Available 24/7 for current clients with a valid Veterinary-Client-Patient Relationship (VCPR).
- VCPR with Sunflower Equine Veterinary Clinic means that for your horse(s) to be eligible for emergency services, they must have been seen by the veterinarian within the past year for a routine wellness exam with a minimum of a rabies vaccination.



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- Emergency farm calls are restricted to within 25 miles from 21105 Nall Ave., Bucyrus, KS. Exceptions can be made for current clients with horses that are down and unable to rise. Current clients outside of 25 miles can haul to the clinic to be seen on an emergency basis.
- If we have not provided care for your horse(s) within the last 12 months or your horse is moved outside of the geographic practice area, the VCPR will be lapsed, and emergency veterinary care may not be provided. You must notify us immediately of any changes.
- New clients must fulfill the requirements of the VCPR within 6 months to remain eligible for emergency care.
- We do not offer overnight hospitalization or care for sick patients requiring IV fluids or surgery.
- Emergency fees are as follows:
 - During office hours: \$100
 - Between 5 PM and 10 PM on weekdays or daytime on weekends and holidays: \$150
 - Every day after 10 PM: \$300

Veterinary Care Team Communications:

- We understand that some clients may utilize multiple veterinarians as part of their horse's veterinary care team and open lines of communication are essential within such a team.
- So that we may prevent any possible medical errors or injuries from occurring to your horse, we ask that you share with us any relevant treatment or diagnosis made by another veterinarian on your horse's care team. We will also share our files at your request.

Cancellation Policy:

- We have the right to void this contract and indefinitely discontinue services with you at any time.
- We have the right to reschedule your appointment at any time.
- If you cannot be present for your horse's appointment, you agree to let the office know and you will arrange to have someone available to catch the horse or have them in their stall.
- If they are unable to be caught you will be charged a farm call fee and the appointment will be rescheduled.



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Online Prescription Refills:

- While we work hard to make our prescription item prices as competitive as possible, there are some pharmacies selling products for less than we can purchase them directly.
- Online prescriptions will be filled for active patients with a valid VCPR.
- A \$15 online prescription fee will be charged for the time it takes to provide this service.

Authorized Agent:

- You must inform us in writing if someone else will be making treatment decisions on your behalf as an authorized agent at any time. (e.g., trainers, barn managers, during vacations)
- If you do not inform us in writing of your authorized agent then our veterinarians will assume responsibility for making medical decisions, including euthanasia, on behalf of the animal if you are unreachable.
- By granting such permission you agree that you will be financially responsible for veterinary services and supplies provided at the request of the individuals listed in writing, or those performed in an emergency at the recommendation of the veterinarian.

Payment Policy:

- All accounts are required to have a credit card or ACH on file.
- Payment is due at the time of service via cash, check, or card unless other arrangements have been made.
- If you are unavailable to pay at the appointment, then an itemized invoice will be emailed at the end of the day, and your credit card or ACH will be automatically charged the next business day after 10am.
- If payment is declined, a 1.5% finance charge will be applied to each invoice for every 30 days it is overdue. After 30 days all accounts are subject to collection proceedings and further services will be discontinued.
- The client shall be solely responsible for the outstanding balance due, late fees, interest charges, all reasonable attorneys' fees, and court costs incurred by Sunflower Equine Veterinary Clinic associated with any collection efforts



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- \$25 fee for returned checks.

Insurance:

- For insured horses, clients are still responsible for the total bill at the time of service. Any reimbursement the insurance agency provides will be sent directly to you from your insurance agency after your claim has been processed. Please provide us with your insurance company and policy number.

- Insurance Company: _____
- Insurance ID: _____
- Phone Number: _____
- Email: _____
- Insurance Type: _____

- Is the horse part of a colic coverage program

- Platinum performance

Yes _____ No _____

- SmartPak

Yes _____ No _____

Lease Agreement:

- If you are leasing this horse, please provide the name of the person from whom you are leasing it and the specifications on how you would like the billing split.

- Lessor Name: _____
- Lessor Phone Number: _____
- Lessor Email: _____
- Lease Start Date: _____
- Lease End Date: _____
- Who to bill for invoices: _____



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Please choose one of the following options for your account with us.

☐ **Full Service**

I would like to utilize the **full range of services including emergency services** offered by Sunflower Equine Veterinary Clinic.

(Please read the emergency care section to ensure you understand how to qualify for this service)

☐ **Select Services**

I would like to utilize **only specific services such as chiropractic and/or acupuncture provided** by Sunflower Equine Veterinary Clinic. *I am opting out of emergency care provided by Sunflower Equine Veterinary Clinic.*

If we are not providing you full service, then please inform us who you are using for your routine wellness/emergency services so we can share medical records with them.

Name of Primary Care Physician: _____

We are grateful for your continued trust in our care. If you have any questions or need clarification on these changes, please feel free to reach out to us at 913-681-3636 or sunflowerequinevet@gmail.com.

Client Name: _____

Client Signature: _____

Date: _____