



Welcome to the Family!

Thank you for choosing Choptank Equine LLC! It is our mission to provide compassionate and up-to-date veterinary medicine for your equine (goat, llama, alpaca, sheep, donkey, mule) companion. From high level competitor to pasture pet, we strive to provide the highest quality service for all your veterinary needs.

Please take the time to fill out our client information form linked in your email so we can get all of you and your pet's information into our software. If you are coming from another practice, please have them email your pet's previous medical records to inquiries@choptankequine.com

Choptank Equine offers both general and preventative services, as well as sports medicine, reproductive and alternative therapies for our patients. We are based in Denton, Md and offer ambulatory services to the surrounding areas including Caroline, Queen Anne, Talbot, Kent and Dorchester counties as well as some areas of Delaware (please reach out to see if we can come to you in Delaware). We hope to have a haul in facility in the next 2 years or so!

Please note that we only provide after-hours emergency services to current clients whom we have seen within the past 12 months for wellness or preventative care.

Below are some highlights of what we offer:

- Routine wellness and vaccinations
- Performance dentistry
- Lameness evaluations and joint injections
- Digital radiography and ultrasound
- Reproductive services
- Consultations for nutrition and rehabilitation

-Laser therapy, Shockwave, spinal manipulation (chiropractic) and acupuncture

-Online pharmacy

Important practice policies

1. Payment is expected in full at the time of service.
2. A credit card must be kept on file. This doesn't have to be your method of payment, but we require one be kept on file for unpaid invoices. (We accept check, cash, credit/debit card, care credit and Venmo)
3. Invoices left unpaid after 10 business days will be charged to the card on file.
4. Any accounts 90 days past due will be sent to collections.
5. Any account over 30 days past due are subject to a service charge and will result in loss of active client status until the balance on the account has been paid. (Only active clients are seen for emergency/afterhours care.)
6. Cancellation with less than 48 hours notice will result in a cancellation fee equivalent to the farm call.

For more information, please visit www.choptankequine.com

You can reach us via phone, email or text message (please don't text or email for urgent matters).

We look forward to working with you and your pets!

~Dr. Caitlin Harris and the Choptank Equine LLC team

410-429-7347

inquiries@choptankequine.com

Facebook Choptank Equine LLC



Choptank Equine, LLC
PO Box 219 Denton, Md 21629
410-429-7347 / www.choptankequine.com

Credit Card Authorization Form

I, (Name) _____, authorize Choptank Equine, LLC to charge my credit card account. I understand it is Choptank Equine's policy that payment is due in full at the time services are rendered and invoiced, and that the credit card provided will be processed for the full amount if a check or cash payment is not provided at that time.

Circle which applies: VISA MASTERCARD AMERICAN EXPRESS DISCOVER		
Credit Card Number:	EXP Date:	CCV:

CCV Code Defined: Verification number that helps identify your specific credit card.
CCV Location: Visa & Mastercard - 3 digit # on back of credit card; American Express - 4 digit # on front of credit card. **Billing Address**

Card Holder Name:		
Street Address:		
City:	State:	Zip:

Customer Information

Cell Phone:	Email:
--------------------	---------------

I hereby authorize Choptank Equine, LLC to charge the indicated credit card. I agree that we can periodically charge this account for services rendered, amount owed or at Choptank's request for prepayment. To terminate the billing process on this credit card, notice must be in writing along with a new form of payment to clear all debts owed in full. I will not terminate Choptank Equine's recurring billing with my credit card issuer as long as the amount in question was for services rendered. I guarantee that all invoices will be paid in full once services given. I guarantee and warrant that I am the legal cardholder for the card and that I am legally authorized to enter into this recurring billing agreement with Choptank Equine, LLC.

As the Credit Card Holder, I hereby authorize all charges to my credit card.

Card Holder's Signature: _____

Date: _____