

COTTS FARM EQUINE CLINIC

Cotts Farm, Robeston Wathen, Narberth, Pembrokeshire SA67 8EY

www.cottsequine.co.uk

Tel: 01834 860871

enquiries@cottsequine.co.uk

Fax: 01834 860719

Directors:

J G T Edwards, MA Vet MB Cert EP MRCVS

G S Fowke, MA Vet MB MRCVS

Consultant:

R P Davies, BVSc MRCVS

R P C Coomer, MA Vet MB Cert ES (Soft Tissue) Dipl ECVS MRCVS

European Specialist in Equine Surgery

P Conze, TA MRCVS

N Fouché, TA MRCVS

R G Shuttleworth, BVSc Cert EP MRCVS

Associates:

Terms & Conditions

THESE TERMS AND CONDITIONS COME INTO EFFECT ON 1ST NOVEMBER 2008: THEY APPLY TO ALL WORK CARRIED OUT AFTER THIS DATE.

Our Commitment To You:

We aim to provide you with a first class service.

We aim to provide your horse, pony or donkey with the highest standard of treatment and care.

Fees:

All fees, consumables and drug charges are subject to VAT at the current rate. Feed supplements are exempt from tax. Fee levels are determined by the time spent on a case and according to the drugs, materials and consumables used. Details of our fees are available on request and a detailed invoice is provided for every consultation, procedure or transaction. Estimates can also be provided on request – see below.

Registration:

We require all new clients to complete and sign a practice registration form. In doing so, clients confirm in writing that they accept these terms and conditions of business.

Methods of Payment:

In an ideal world, we would raise an invoice as each consultation is complete and collect payment at the time, as most businesses would operate. However, the vets on the road would not be able to do this as accurately as we would at the practice, so there is usually a delay after completing work and the client receiving the invoice.

Accounts are due for settlement in full within 14 days of the date of the invoice.

Your account may be settled using:

- Cash
- Cheque with current banker's card
- Credit/Debit card – Switch, Solo, Delta, Mastercard or Visa
- BACS (Bank Automated Credit Service)

Estimates of Treatment Costs:

We will, upon request, be pleased to provide an estimate as to the probable costs of any treatment, but please bear in mind that any estimate given can only be approximate – often a horse's illness will not follow a conventional course.

Settlement Terms:

An advance deposit payment on account will be requested from all new clients, prior to appointments being made. This arrangement will be reviewed after a period of three months. Accounts are processed and invoices issued every week and payment is due within 14 days of the invoice date.

A 5 % discount will be applied to every invoice if the client pays within 14 days of the invoice date. After 14 days this discount is no longer applicable. All outstanding accounts over 28 days will automatically be charged at 36 % per annum. This is calculated on a daily basis starting from the date of the invoice. This interest may be waived for insured cases at the discretion of the Directors.

Overdue accounts, after due notice to you, will be referred to our Debt Collection Agency or the County Courts if satisfactory repayment arrangements have not been made with ourselves.

All costs and fees incurred by the practice in this process will be added to the account.

Any cheque which you issue which is returned unpaid, any credit card payment not honoured, and any cash tendered that is found to be counterfeit will result in your account being restored to the original sum together with any fees incurred by us in the process.

Persistent late payments will result in the need for all fees to be paid, or we will terminate all veterinary services. We will continue to provide a 24 hour emergency first aid service, as required by the Royal College of Veterinary Surgeons (RCVS).

Notification of Queries and Complaints Regarding Invoices:

Notification of queries and/or complaints must be notified to us verbally or in writing within 14 days of receipt of the invoice concerned.

Inability to Pay:

If you find yourself in the unfortunate position of being unable to pay your account, please discuss this matter as soon as possible with a member of staff. Instalments or part payments of any accounts may only be sanctioned by a Director.

Equine Health Insurance:

Cotts Farm Equine Clinic supports the principle of insuring your horse or pony against unexpected illness or accidents. Please be aware that it is your responsibility that your account is settled with us in a timely fashion. This may entail you reclaiming the fees from your Insurance Company. Cotts Farm has the option of claiming fees directly from the insurance company, at the discretion of the Directors.

Complaints:

Whilst we hope that our service does not give you cause for complaint, if you do wish to complain please contact the Office in the first instance.

Feedback:

We are always pleased to receive feedback on the service we provide.

Ownership of Records:

Case records, x-rays and similar documents are the property of, and will be retained by Cotts Farm Equine Clinic. Even though a charge may be made for carrying out the investigations and interpreting the results, ownership of the resulting record e.g. an x-ray or ultrasound scan remains the property of the practice. Upon request, copies of records with a summary of the history of your horse will be passed to another Veterinary Surgeon taking over your horses care and treatment.

Variations in Terms and Conditions of Business:

No addition or variation of these conditions will bind the practice unless specifically agreed in writing by the Cotts Farm Equine Clinic Directors. Additionally no agent or person employed by, or under contract with the Practice has the authority to later or vary these terms and conditions in anyway.

Law:

In the event of a default of this Agreement, these Terms and Conditions of trading shall be governed by English law.

THIS AGREEMENT IS IN ADDITION TO YOUR STATUTORY RIGHTS

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APPLICATION OF REGISTRATION

This form **MUST** be completed and returned to Cotts Farm Equine Clinic

Title: Mr Mrs Miss Ms Dr		Surname:			
First Name:				Middle Initial:	
Current Address:					
Post Code:					
Telephone (Home):				Telephone (Work):	
Mobile:				E-mail:	
How many years at this address?					Are you a home owner?
					Yes / No
Previous Addresses in the last 2 years:					
Post Code:					
Employment Status:		Full time []		Part time []	
Unemployed []					
Marital Status: Married []		Divorced []		Single []	
Widowed []		Other []		(Please specify) _____	
<u>BANK DETAILS</u>					
Bank Name:					
Branch:					
Type of account:		Current []		Debit []	
Credit []					
Time with bank:		[] Years		[] Months	
<u>ANIMAL DETAILS</u> (continue overleaf for more animals)					
Animal 1 (name, age, sex):					
Animal 2 (name, age, sex):					
Animal 3 (name, age, sex):					
Animal 4 (name, age, sex):					
I confirm that I am the owner of the animal(s) above. I agree to the terms and conditions of business and I agree to pay for all veterinary fees relating to the treatment of this/these animals with Cotts Farm Equine Clinic.					
Signed:				Please print name:	
Date:					