



## INCREASED DEPOSIT/LATE REPAYMENT FEE FORM

**Date of admission:**

**Date of discharge:**

**Horse name:**

**Microchip number:**

**Stable name:**

**Owner name:**

**Legal person responsible for the collection of the horse (specify role – groom, manager or other):**

**Legal person responsible for the financial repayments connected to the horse:**

I hereby agree to the payment requirements clearly made by The Equine Hospital (on admission to the Hospital). I acknowledge I have an outstanding debt to The Equine Hospital of ..... which I should have paid upon collection of my horse (details stated above).

Should the payment not be received in the equine hospital accounts within 7 days of the collection/discharge date (above), **I understand the deposit fee charged by the hospital for any case (emergency or elective) will be of 25.000 SAR instead of 5.000 SAR.**

Such increased deposit will be applied to any case I or my stable/ owner/ team/ relative will bring to the hospital, until the outstanding debt is fully cleared.

Once the debt is cleared, the admission deposit will be dropped to the original 5000 SAR/case (7000 SAR for foals).

Failure to clear a debt for over 6 months of this agreement, will automatically trigger a further increase (doubling) of any admission deposit fee for any case.

I sign and provide copy of my ID, as representative of, or person responsible for the financial agreement above, having taken such directive by the horse's legal/financial owner.

Name

ID number

(Please attach copy of the National ID or Iqama)