



Animal Hospital of Statesville Preventive Health Care Plans Enrollment Form

Client Name: <first-name> <last-name> **Client #:** <number> **Effective Date:** <date>

<u>Canine Preventive Health Care Plan Monthly</u>	<u>Feline Preventive Health Care Plan Monthly</u>
Adult \$41.50 1 st Pet _____ \$39.50 2 nd (+) Pet _____ Senior \$47.50 1 st Pet _____ \$45.50 2 nd (+) Pet _____	Adult \$37.25 1 st Pet _____ \$35.25 2 nd (+) Pet _____ Senior \$45.50 1 st Pet _____ \$43.50 2 nd (+) Pet _____

Enrollment Fee – per plan/pet - \$25 (non-refundable, one-time only, fee, if preventive plan is renewed on or before renewal effective date listed above.)

By signing below, I acknowledge that I have read and understand the notes and Terms/Conditions of this agreement as described below, and agree to them. I understand that this is a **one-year contract** and must be renewed on or before the effective date to continue coverage. Accordingly, I authorize **Animal Hospital of Statesville** to charge the amount listed above to my debit or credit card each month. *(All information is maintained in a locked file by the manager).* **Client is responsible for a \$25.00 payment processing fee incurred as a result of changes on the account drafted (expired card numbers, insufficient funds, etc.) not disclosed to provider ahead of time.**

Card Type _____ Card Number _____ Exp Date _____ CID _____
 Card Type _____ Card Number _____ Exp Date _____ CID _____

Name as it appears on card _____ Photo ID verified by _____

Billing Address: <address> <St>, <zip> Phone # _____

Social Security number _____ Date to debit acct (if different from effective date) _____ PIF _____

Client Signature _____ Date: <date>

AHS Staff Signature _____ Date: <date>

Policy Terms and Conditions

In agreement with **Animal Hospital of Statesville**, above-named **Client** chose to purchase a **Preventive Health Care Plan** for pet(s) specified, with a 12-month term, subject to the cancellation terms outlined below. The **Plan** consists of wellness veterinary services, as specified. **Client agrees to pay Animal Hospital of Statesville a one-time, non-refundable, enrollment fee of \$25 and the first monthly installment, the day the plan is purchased.**

() Scope of Coverage:

- <first-name> <last-name> acknowledges that **AHS Preventive Health Care Plan** is **NOT** insurance. The **Plan** covers only the wellness services listed. **AHS** strongly recommends **Client** to purchase additional 3rd party coverage in the event that illness or injury occurs requiring additional veterinary medical care.

() Eligibility:

- Participation in preventive plans is open to all adult pets, regardless of age or medical history. **Clients** must be on current terms with **AHS** and have no outstanding balance due.

() Duration and renewal:

- **Plan** is effective on the **Start Date** shown on this form for an initial term of 12 months (Plan Year).

- **<first-name> <last-name>** acknowledges responsibility for renewing pet's **Plan** on or before the expiration date.
- AHS will send out a reminder, 30 days prior to your **Plan's** renewal date. If no response, then the **Plan** will automatically be cancelled. **In order to renew after cancellation, another \$25.00 enrollment fee will be processed.**

() Plan Contents:

- Services listed in the **Plan** are all that are included.
- Unused services do not carry over to subsequent years, and are considered **"lost"** unless used within one year of the date of the agreement. **Plan** contents refresh upon renewal. **Plan is not transferable to another pet and cannot be shared between pets.**

() Fees:

- Any fees for services or items that are **not included** in the plan are expected to be paid in full at time of service.
AHS reserves the right to change fees as necessary. Fee changes will not affect existing **Plans**, but will be effective at the time of renewal.

() Payment:

- Monthly payments shall be billed directly to the **Client's** debit or credit card.
*****The Client is responsible for immediately notifying AHS of any changes in the billing information.**

() Default:

- If **Client** fails to pay any monthly installments within **5 business days** of the due date, **AHS** has the option to immediately cancel this agreement according to the procedure above, and bill **<first-name> <last-name>** for any monies owed.

() Cancellation/Transfer of Ownership/Pet Death:

- Either **Client** or **AHS** may cancel this agreement at any time, but monies may be due to either party upon cancellation. The amount of any monies due is calculated by comparing the regular, non-discounted cost of all products and services received by **Client as they are priced on the date of cancellation**, with the total fees paid by **Client** (less any enrollment fee paid), since the effective date of this agreement or the effective renewal date – whichever is the more recent.
 - If total monthly monies paid are less than the total regular, undiscounted cost of all products and services received, then **Client** shall owe **AHS** the difference. **Payment is due on the date of cancellation, and will be charged to the account on file.**
 - If the total monthly monies paid is greater than the total regular, undiscounted cost of all products and services received, and then **AHS** shall owe **Client** the difference. **Payment will be made by check, mailed to Client's address of record, within 10 business days of the date of cancellation.**
 - If dissatisfied, **Client** may cancel membership at any time and apply monthly fees paid towards the regular, undiscounted cost of products and services received. This is the full extent of the guarantee, and **Client's** sole recourse, if dissatisfied. Treatment outcomes or service levels are not guaranteed.
 - If ownership of a pet is transferred, or in the event of death, this agreement shall be deemed cancelled **immediately**. Any monies owed by either **Client** or **AHS** will be calculated as outlined above in **Sections a and b.**

Client must initial the plan below, for which they have purchased

<p>() Canine Health Plan Includes: Annual exam (1), Semi-annual exam (1), Intestinal parasite test (2) Wellness blood screen (1), Heartworm, Ehrlichia, Lyme, Anaplasma screen (1) 12 months of flea/heartworm prevention (Trifexis, Advantage Multi, Heartgard or Sentinel) Deluxe Spa Days (2) Core Vaccinations: Distemper/Hepatitis (1), Parvo Virus (1), Bordetella (2), Rabies (1) Senior- Everything in Canine Adult Plan plus: Senior urinalysis with cytology (1), senior tear test (1), senior glaucoma screen (1), senior blood pressure screen (1) Trupanion pet insurance – Free 30-day trial</p>	<p>() Feline Health Plan includes: Annual exam (1), Semi-annual exam (1), Intestinal parasite test (2) Wellness blood screen (1) Profender intestinal parasite deworming (1) 12 months of flea/heartworm prevention (Advantage Multi or Heartgard & Profender) Deluxe Spa Days (2) Core Vaccinations: Rhino-Calici (1), Panleukopenia (1), Bordetella (1), Purevax Rabies (1) Senior- Everything in Feline Adult Plan plus: Senior urinalysis with cytology (1), senior tear test (1) senior glaucoma screen (1), senior blood pressure screen (1) Trupanion pet insurance – Free 30-day trial</p>
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