

Client: {FULLNAME}	Acct. ID: {ID}	Sex: {SEX}
Date: {CURRENTDATE[SHORT]}	Patient: {NAME}	Species: {SPECIES}
Phone: {PHONENUMBER}	Age: {AGE}	Breed: {BREED}



Wellness Plan Participation Agreement

Wellness Plan Purchased	Canine Gold
Membership Fee	\$45.00
Annual Price	\$599.40
<i>(total of 12 monthly payments)</i>	
Total Plan Price	\$644.40
<i>(Initial membership fee plus Annual Plan Price)</i>	
Monthly Payment	\$49.95
Initial Payment	\$94.95
Transaction Process Date	<input type="checkbox"/> 1st of the month <input type="checkbox"/> 15th of the month
Payment Method	<input type="checkbox"/> CREDIT / DEBT Last 4 digits: _____ <input type="checkbox"/> PAID IN FULL

Description of services included in the Wellness Plan Program:

- Two Preventive Care Exams
- Canine Heartworm Test
- Two Intestinal Parasite Fecal Exams
- Up to Two Routine Nail Trims Your Preventative Care Visits
- Comprehensive Blood Profile
- Canine Core Vaccines – specific to your dog’s needs: Rabies, Distemper/Parvo, and Bordetella

Client: {FULLNAME} Acct. ID: {ID} Sex: {SEX}
Date: {CURRENTDATE[SHORT]} Patient: {NAME} Species: {SPECIES}
Phone: {PHONENUMBER} Age: {AGE} Breed: {BREED}

I acknowledge that this agreement is for a pet preventive care plan and is **NOT AN INSURANCE CONTRACT** and that the plan payments confer only the wellness care benefits described in this agreement. _____ **Initial**

I understand that this agreement will automatically renew for successive 12-month terms unless I inform you at least 30 days before the end of my initial or renewal term that I do not want to renew this agreement. If I do not want to automatically extend this Wellness Plan for another 12-month term, I must notify you either by phone at 256-232-0660 or email at info@myathensvet.com. Automatic renewals for successive 12-month terms will continue until I inform you of my intent to not renew this agreement. _____ **Initial**

You agree to these terms and conditions and elect to purchase the monthly Wellness Plan described on page 1 of this agreement. You further authorize us to charge all monthly program fees (including the membership fee) using the payment information provided. _____ **Initial**

Terms & Conditions This Wellness Plan Program Participation Agreement is between Eastside Animal Hospital, the veterinary practice providing this Wellness Plan Program (“we,” “us,” and “our”), and the participant or participants enrolled in the Preventive Care Program (“you” and “your”). You agree to these terms as a condition of enrollment. We urge you to read this Preventive Care Program Participation Agreement carefully. If you have any questions, please call our office at the telephone number listed on your enrollment confirmation email, program materials, or on our website.

_____ **Initial**

Service Location We will provide all veterinary services under the Wellness Plan Program you have selected at the veterinary practice listed above. _____ **Initial**

Wellness Plan Term Your Preventive Care Plan begins on the date that you enroll and is effective for 12 months following your enrollment start date. _____ **Initial**

Payment of Wellness Plan Fee We will automatically collect your Wellness Plan payments (which include the enrollment fee and recurring monthly payments) by a direct charge to your credit card or other accepted form of payment. If your credit card is due to expire during your Preventive Care Plan term, you must provide us with updated card information at least 30 days before the expiration date. If we cannot process your Plan Fee based on the account information you provide, we will bill any resulting bank fee to your account. If you have questions about any Wellness Plan payment, you must notify us by phone at (256)232-0660 or in writing (or via email) within 45 days from the date we deducted the payment from your account. If you do not notify us within this time, you waive any claim relating to a disputed payment. _____ **Initial**

Automatic Renewal This agreement will renew automatically for ongoing 12-month terms. If you do not wish to renew this agreement, you must inform us by phone at (256)232-0660 or in writing (or via email) at least 30 days before the end of your initial or renewal term. We may change the terms and conditions of this agreement—including fees, services, or payment options—any time you renew it. We will notify you of any changes at least 45 days before renewal: (1) by email at an address you provide and agree to keep current, (2) by regular U.S. mail if you do not provide an email address, or (3) by phone. You agree to all changes unless you inform us that you will not renew this agreement.

_____ **Initial**

Early Cancellation and Refund Policy Either you or we may cancel this agreement at any time. Any balances or fees you owe are due in full at the time of cancellation. A \$20.00 Cancellation Fee may

Client: {FULLNAME} Acct. ID: {ID} Sex: {SEX}
Date: {CURRENTDATE[SHORT]} Patient: {NAME} Species: {SPECIES}
Phone: {PHONENUMBER} Age: {AGE} Breed: {BREED}

apply. Any refund you are due will be paid 6 to 8 weeks from the date of cancellation. Cancellation within 4 business days – If you cancel this agreement for any reason within 4 business days of enrollment, we will refund your enrollment fee and any other fees you have paid, less the undiscounted retail value of all veterinary services received by your pet. If the total undiscounted retail value of the veterinary services provided exceeds the total you have paid, you must immediately pay full retail fees for all veterinary services provided, less what you have paid under this agreement during the current term. Cancellation after 4 business days – If you cancel this agreement at any time after enrollment, we will retain the entire enrollment fee, even if we have not provided veterinary services to your pet. We will also retain or recover all monthly payments you have previously paid or have become due. If the total undiscounted retail value of the veterinary services received by your pet exceeds the total of monthly payments we have collected during the current agreement term, you must do one of the following:

1. Immediately pay full retail fees for all veterinary services we have provided, less the value of monthly payments you have paid to-date.
2. Immediately pay the remaining value of monthly payments due.
3. Continue making monthly payments through the end of your contract. _____ Initial

Provider Cancellation We reserve the right to cancel the program at any time for any reason. If we cancel the program for any reason other than your default, we will:

- Waive any future monthly payments due under the program.
- Cancel your obligation under this agreement in full, less the undiscounted retail value of all veterinary services received by your pet.
- If the total undiscounted retail value of the veterinary services provided exceeds the total you have paid, you must immediately pay full retail fees for all veterinary services provided, less what you have paid under this agreement during the current term. _____ Initial

Late Payment Policy We will discontinue your Preventive Care Plan if we do not receive your payments when due. You may reinstate your Preventive Care Plan by paying all past due balances. You must also pay a \$15.00 reinstatement fee if at least one payment is more than 15 days late. _____ Initial

Wellness Plan Pet Owners If more than one person signs this agreement as a Pet Owner, each will be responsible individually for all amounts due for Preventive Care Plan services rendered for your pet.

_____ Initial

Third Party Service Providers We may share your information with outside companies we retain for the purpose of processing your electronic payments and for other administration services related to your Wellness Plan. We have contracted with Singular Merchant to administer all payments under this agreement. If you have any questions regarding billing, please contact Eastside Animal Hospital at (256) 232-0660. _____ Initial

Confidentiality and Security We take confidentiality seriously and use physical and technical safeguards to protect your information. We restrict access to your information to those who need it to perform their jobs. We comply with all applicable data security laws and do not sell your information to anyone. We may also share your information as required or permitted by law, for a legal or regulatory purpose, or to combat fraud. _____ Initial

Client: {FULLNAME} Acct. ID: {ID} Sex: {SEX}
Date: {CURRENTDATE[SHORT]} Patient: {NAME} Species: {SPECIES}
Phone: {PHONENUMBER} Age: {AGE} Breed: {BREED}

Governing Law/Venue This agreement will be governed by and in accordance with the laws of the state where the services under this agreement are performed, without giving effect to any principle of conflicts of laws. You agree that any action at law or equity relating to this agreement will only be filed in the state or federal courts located in the same governing state. _____ **Initial**

Signature/Counterparts This agreement may be signed in counterparts, and each will be deemed to be an original; both of which, taken together, will constitute one agreement binding on both parties. A facsimile signature or other similar electronic reproduction of a signature will have the force and effect of an original signature, and in the absence of an original signature, will constitute the original signature. _____ **Initial**

Entire Agreement; Assignment; Headings This agreement contains all of the terms and conditions of your Wellness Plan, and supersedes all other representations, promises, or agreements concerning the Wellness Plan. If any of the agreement terms become invalid or unenforceable, the remaining terms will remain in full force and effect. Except as otherwise permitted, this agreement will be binding on and inure to the benefit of the parties and their legal representatives, successors, and assigns. The headings in this agreement do not form a part of the agreement and will not be taken into account in interpreting this agreement. _____ **Initial**

I ACKNOWLEDGE RECEIVING A COPY OF THE AGREEMENT

Pet Owner Name (print):

Pet Owner Signature:

_____ **Date** _____

Pet Owner Address:

Veterinary Practice Signature:

_____ **Date** _____