

APPLICATION FOR WELLNESS PLAN

Date:		Name: First, MI. Last:	
Street Address, Apt., City, State, Zip			
Birth Date:		SSN:	
Driver's License:		DL State:	
Home Phone:		Cell Phone:	
Email address:			
Monthly income:		Employer:	
Years at current job:			

Pet Name, dog or cat	Age	Male (M) or Female (F)	Spayed/Neutered (Y/N)	Choice of Plan

Wellness Plan Options are shown below. Please indicate information about the pet(s) that you wish to enroll in a Wellness Plan in the table above.

	Puppy	Canine Silver	Canine Gold	Canine Platinum	Kitten	Feline Gold	Feline Platinum
Exams (2)	x	x	x	x	x	x	x
All vaccines	x	x	x	x	x	x	x
Microchip	x	x	x	x	x	x	x
Spay or Neuter	x				x		
Yearly Fecal test	x	x	x	x	x	x	x
Yearly 4dx test for heartworm/tick diseases		x	x	x			
Deworming for kittens/pups; annual deworming for adult cats	x				x	x	x
12 months heartworm preventive and 9 months flea/tick preventive	x	x	x	x			
Medical waste fees	x	x	x	x	x	x	x
Comprehensive blood testing	X with s/n		x	x	X with s/n	x	x
Dentistry				x			x
Grooming (1)	x	x	x	x			
2 free NT	x	x	x	x	x	x	x
Unlimited office visits	x	x	x	x	x	x	x



Wellness Plan Terms and Conditions:

For the following terms and conditions, “provider” refers to Antigo Veterinary Clinic and “member” refers to the person enrolling in the wellness plan(s). Your wellness plan provides the services listed on the Agreement Information page. It does not include any services not listed there, any services provided by anyone other than Antigo Veterinary Clinic, or any fees for medical care or services recommended as a result of illness, injury or transfer to a specialty or emergency hospital facility. Fees for non-wellness plan services will be determined in accordance with the fee schedule in effect at the time and must be paid at the time services are rendered.

General Terms: This agreement and the services provided are not transferable to another pet or assignable to another person. This Agreement applies only to the pet designated on the Agreement Information page while owned by the Member. Wellness Plans are not insurance policies. They only include the specific services listed for your chosen plan.

Plan Term: The Wellness Plan contract will expire one year after the date of enrollment. All services of an existing plan must be used prior to the expiration date and are not transferrable to new plans.

Plan Services: Refer to your specific plan on the Agreement Information page for services included in your plan. All services must be provided during Antigo Veterinary Clinic normal business hours. Emergency and after hours services are excluded.

Waiting period for scheduling for Spay, Neuter or Dental Procedures for New Clients: spay, neuter or dentistry procedures included in wellness plan packages may be scheduled only after 90 days of enrollment in the plan for new clients. This policy ensures that the payee is able to make regular payments prior to provision of major services. Procedures may be scheduled prior to the 90 day waiting period if approved by management.

Enrollment Fee: An enrollment fee of \$34.99 per plan is due at time of enrollment. If multiple pets are enrolled on the same date, only one enrollment fee is charged to the client.

Payments: Monthly payment installments will be deducted from the Member’s bank account of choice. An overdraft fee of \$20.00 will be billed to Member for insufficient funds, over limit status, or for any other reason a scheduled payment is unable to be processed. Member is responsible for notifying Provider of any changes in billing account information.

Cancellation: Members have the right to cancel a plan within 45 days of enrollment. If the plan is cancelled before 45 days, the client is responsible for payment of the full amount due for any services rendered under the plan. If the plan is not cancelled by 45 days after enrollment, then the entire amount of the plan is still due regardless of if the client chooses to have the plan services rendered for their pet. Antigo Veterinary Clinic reserves the right to cancel a wellness plan at any time, for nonpayment of amounts due. If the Member fails to pay any installment within 30 days of the due date, the Provider may immediately terminate the Agreement, and the Member shall be responsible immediately for the full retail value of all services provided under the plan, less the payments already received by the Provider.

Death of a Pet Enrolled in a Wellness Plan: If a pet dies during the term of the Plan, the client is responsible for paying in full the amount due for services rendered under the plan.

Non-Modifiable Plans: the plans are inclusive of all services listed and cannot be modified by removal of items that the client does not want. Nor can items be added to plans; with exception of add-on declaw surgery for cats with kitten plans, and add-on flea/tick preventive for cats with any feline plan. Services rendered other than those included in the plan must be paid for at time of service.

Legal Action: if the Member becomes delinquent on payment and does not pay full amounts due in the event of plan cancellation by the Provider, the Provider retains the right to pursue all means of collecting payment within the full extent of the law.

By agreeing to these terms and conditions you authorize Antigo Veterinary Clinic to keep your signature on file and to debit your account listed on the Agreement sheet for the monthly installment amount.

Member Signature: _____

Date: _____