

Ammon Veterinary Hospital: Preventive Care Plan Enrollment Form



"QUALITY SERVICE, COMPASSIONATE CARE"

Please read the following, supply the requested information and sign the agreement on the next page.

Client Name: _____

Pet's Name: _____ Pet's Date of Birth _____

Address: _____ City _____ State _____ Zip _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact Information:

Name: _____ Phone Number: _____

Ammon Veterinary Hospital: Preventive Care Plans are intended for preventive care use only and are in no way considered "pet health insurance" or "indemnity property insurance." Services provided under the selected plan must be used within 12 months of the purchase date. Services that are not used do not roll-over and charges will not be adjusted for services that are not used. This agreement expires 12 months from the date the contract was signed. *Ammon Veterinary Hospital: Preventive Care Plans* are individual packages that are only available for the client and pet that they are purchased for and are non-transferrable. The selected *Preventive Care Plan* includes only the services that are listed in the plan outline. It does not cover any services that are not listed; any services provided outside of Ammon Veterinary Hospital; or any fees or services recommended as a result of illness or accidental injury. Additionally, the examining veterinarian may recommend additional diagnostics or treatment as part of the medical consultation that are not covered by the selected plan. Ammon Veterinary Hospital staff is happy to provide an estimate for additional services upon request.

A non-refundable one-time membership fee is due at the time of enrollment. If the client re-enrolls the following year, the membership fee is waived. However, if the selected *Preventive Care Plan* is cancelled or is allowed to lapse, then to re-enroll the membership fee must be paid. Annual costs associated with the selected *Preventive Care Plan* are payable as a lump sum at the time of enrollment, or as monthly installments through Care Credit ®. Membership fees and *Preventive Care Plan* costs are due for each pet that is enrolled, even in multi-pet households. Clients and pets enrolled in a *Preventive Care Plan* are not eligible for any other discounts. Ammon Veterinary Hospital reserves the right to change the fees associated with *Preventive Care Plans* on the anniversary of the contract and may cancel a contract with 14 days written notice. A *Preventive Care Plan* contract may be cancelled by the client with 14 days written notice and a \$75 cancellation fee. Upon cancellation the client will be reimbursed for the portion of the plan not received minus the regular, non-discounted price of all services received up until the date of cancellation. If Care Credit ® is used to pay for the plan, the client is responsible for all payments due to Care Credit, even upon cancellation of selected *Preventive Care Plan*.

Initial _____

I, _____, have read and understand the terms and conditions stated above, and am enrolling my [select one]:

- _____ [] Puppy (<1 year) _____ [] Kitten (<1 year)
_____ [] Dog (>1 year) _____ [] Cat (>1 year)

in the following *Ammon Veterinary Hospital: Preventive Care Plan*.

- _____ [] Primary Adolescent Care Plan
_____ [] Premier Adolescent Preventive Care Plan
_____ [] Primary Adult Preventive Care Plan
_____ [] Intermediate Adult Preventive Care Plan
_____ [] Advanced Adult Preventive Care Plan
_____ [] Premier Adult Preventive Care Plan

I understand that I am pre-paying for services listed on the *Ammon Veterinary Hospital: Preventive Care Plan* table and that other treatments or medications may be deemed necessary by my Veterinarian, the costs for which I am responsible. I understand that it is my responsibility to obtain a written estimate of costs before my pet receives treatment. I also understand that if I cancel my membership, I will be responsible for the price difference between the *Ammon Veterinary Hospital: Preventive Care Plan* and regular, non-discounted prices of any and all services rendered up until the date of my cancellation. In addition, I will incur a \$75.00 cancellation fee.

Signature _____ Date _____

Initial _____