

## Westfield Veterinary Hospital PC- Wellness Plan Annual Contract

Date: \_\_\_\_\_ Client Name: \_\_\_\_\_ Pet: \_\_\_\_\_

### **Tier 1 Wellness (\$45/month)**

Unlimited Free Exams<sup>i</sup>  
Free Enrollment in Free Vaccines for Life<sup>ii</sup>  
Free Lyme Vaccination  
Unlimited Free Fecal Parasite Tests  
Unlimited Free Routine Nail Trims  
1 Free Lab Panel (chemistry/cbc/urinalysis)  
1 Free Total T4 Test (thyroid test)  
1 Free Heartworm Test or Felv/FIV Test  
Unlimited Urinalyses  
Unlimited Ear Cytology Tests  
Free Microchip placement  
Free Interstate Health Certificates  
Free Hospitalization (7 day max)  
Free 2 view Xrays (50% off addtl views)  
Free Anal Gland Expressions (up to 4/year)  
15% off any other services  
15% off any in stock diets  
15% off any in stock medications

### **Tier 2 Wellness (additional \$20/month) \_\_\_\_\_ *pls initial***

#### **Also includes:**

\$450 discount off any 1 surgery/dentistry<sup>iii</sup>  
Free Elizabethan Collar (postop)

**Only the specific services listed for your chosen plan are included. You must be prepared to pay any costs above and beyond your monthly fees at the time of service. Free and discounted services will apply to the first use of that service during the contract term.**

**Your monthly payment of \$ \_\_\_\_\_ will be automatically billed to the credit card list below on the \_\_\_\_\_ of each month. You must be the listed authorized cardholder .**

VISA/MC/DISC/CARECREDIT \_\_\_\_\_

Exp: \_\_\_\_\_ Named Cardholder: \_\_\_\_\_

Billing Zipcode: \_\_\_\_\_ Signature: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ State of Issue: \_\_\_\_\_

**-You must remain a client in good standing.** You must treat our staff civilly at all times, and abide by billing and scheduling policies herein stated. Violation of the foregoing will result in cancellation of both this contract and the Free Vaccines for Life contract . <sup>i</sup> Cancellation terms will apply.

**-Cancellation Terms:** You may cancel the plan at any time. You will remain responsible for either the remaining monthly payments, or the difference between the regular price of the discounted services (based on WVH's regular fee schedule) already received less any payments already applied. **No refunds will be issued under any circumstances. Please note that the death or absence of your pet does not relieve you of your financial obligation. \_\_\_\_\_ (client to initial)**

## **Westfield Veterinary Hospital PC- Wellness Plan Annual Contract**

### **Additional Terms Of Service**

1. Unless the Auto- Renewal Addendum has been completed (eligible patients only) ,the Wellness Plan contract will expire one year after the date of enrollment. As a courtesy, we will attempt to remind you prior to expiration using the phone number you have listed on file. We are not responsible for disconnected numbers, full voicemails, unanswered messages, or general inability to contact you.
  2. Wellness Plans are not insurance policies. They include only the specific services listed for your chosen Plan. All services must be provided during WVH normal business hours; emergency and after hours services are excluded. Our Wellness Plans will only be honored at our two locations.
  3. Wellness Plans are not transferable from one pet to another. If you lose or re-home your pet, you are still responsible for the fees as discussed under Cancellation Terms.
  4. A credit card is required for the monthly payments. Monthly payments will automatically be deducted from your credit card. The name and signature on the credit card must match the name and signature on the Plan Agreement; or the cardholder must co-sign the agreement. A valid driver's license is also required.
  5. The Annual Plan enrollment fee, and the first monthly payment are due at the time of enrollment. Enrollment prior to the 15<sup>th</sup> of the current month will bill on the 1<sup>st</sup> of each subsequent month. Enrollment on the 15<sup>th</sup> or later will bill on the 15<sup>th</sup> of each subsequent month.
  6. Plans may not be downgraded during the contract year . Upgrades will be considered on an individual basis.
  7. If the monthly payment is unable to be processed, we will attempt to contact you by phone. A \$25 late payment fee will apply. Payment must be received within 5 business days, or the plan will be cancelled and no refund will be issued. The client will still be responsible for the full retail value of services/discounts already received, less any payments made. WVH will pursue negligent accounts to the full extent of the law.
  8. We reserve the right to postpone use of the surgical credit (when applicable) until 3 successive monthly payments have been paid without complication.
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Date:\_\_\_\_\_ Client Signature:\_\_\_\_\_