

KITTEN PREVENTION PLANS Guidelines & Contract

| Diste Kitte Diste Rout (initial routine preventi expires, as do the | en BASIC 45 Plan includes: 2 Routine Exams, 1 Rabies Vaccine, 2 Distemper Vaccines, 2 emper/Leukemia Combo Vaccines, 2 FeLV/FIV Tests, 2 Fecal Tests, 1 Microchip. en PREMIUM 85 Plan includes: 2 Routine Exams, 1 Rabies Vaccine, 2 Distemper Vaccines, 2 emper/Leukemia Vaccines, 2 FeLV/FIV Tests, 2 Fecal Tests, 1 Microchip, 1 Preoperative Blood Panel, 1 ine Spay/Neuter. During enrollment, your pet will also receive: 15% Off Heartworm Medication 15% Off Flea/Tick Medication that are dispensed within the clinic al) The Prevention Plans are not medical insurance or savings plan. They are a Plan to provide the care in a budgeted manner. al) The Enrollment period expires one year from the date of Registration and automatically the payments & benefits. |
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| ,, p | al) The Initial Registration Fee processes the day of enrollment, then the first of 12 monthly rocess the day following enrollment. |
| | al) If the Subscriber cancels after any services are rendered, the Provider retains the Registration escriber is to pay the full amount of standard prices of services rendered under the Plan. |
| you have provid | al) If a payment is declined, it must be paid in the office. You will receive notification via the email led. We do not have access to your financial information once it is entered into the secure n. |
| | al) Routine Spay/Neuter covered in Plan. Additional fees will apply for cryptorchid, hernia, in heat a, sedatives, or optional items such as anti-nausea medication, etc. |
| | al) Prevention Plans do not cover any services rendered through outside veterinarians or any s recommended as a result of illness or accidental injury. |
| reserves the right to adjunceded or received with coupons or discounts. S | is shown at the top of contract. Registration Fee will be waived with Plan renewal, as long as it is within 30 days of the expiration. The Provider ust monthly fees on any Enrollment anniversary date and cease to provide the Plans at any time. Credits or refunds will not be issued for services not in the 12-month enrollment period. Credit will not be issued for vaccines not recommended or administered. This offer is not valid with any other ervices within the Plan can only be used at Family Pet Practice or Wixom Family Pet Practice and cannot be split between those facilities. The Plans apply only to the Patient identified at the time of enrollment. If no contact after 90 days of declined payments, accounts will be forwarded to collection: |
| By signing belo | ow, I agree to pay 12 consecutive monthly payments of \$ |
| Subscriber Full Nam | ePatient Name |
| Phone | E-Mail Required |
| Subscriber Signa | ture X Date |
| you have provided payment system (initial extra anesthesial (initial fees for services) Plans include only what reserves the right to adjunceded or received within coupons or discounts. So are not transferable and agency. By signing below Subscriber Full Name | led. We do not have access to your financial information once it is entered into the secure n. al) Routine Spay/Neuter covered in Plan. Additional fees will apply for cryptorchid, hernia, it a, sedatives, or optional items such as anti-nausea medication, etc. al) Prevention Plans do not cover any services rendered through outside veterinarians or at a recommended as a result of illness or accidental injury. is shown at the top of contract. Registration Fee will be waived with Plan renewal, as long as it is within 30 days of the expiration. The Provicust monthly fees on any Enrollment anniversary date and cease to provide the Plans at any time. Credits or refunds will not be issued for ser in the 12-month enrollment period. Credit will not be issued for vaccines not recommended or administered. This offer is not valid with any of ervices within the Plan can only be used at Family Pet Practice or Wixom Family Pet Practice and cannot be split between those facilities. The apply only to the Patient identified at the time of enrollment. If no contact after 90 days of declined payments, accounts will be forwarded to a pow, I agree to pay 12 consecutive monthly payments of \$ |

Team Use Only: Last 4 digits of Credit Card _____ Exp Date: ____/___ Team Initials: _____