



Canine Paw Club Wellness Annual Contract

Pet Name: _____ Client Name: _____ Date: _____

Choose Your Wellness Plan:

- **Canine Paw Club Member:** Initial: _____
 - 14 Office Visits/ Physical Examinations
 - 1 DA2PP Vaccination
 - 1 Rabies Vaccination
 - 1 Bordetella (kennel cough) Vaccination
 - 1 Leptospirosis Vaccination
 - 1 Heartworm Test
 - 1 Intestinal Parasite Screening Tests (Fecal Exam)
 - 1 Wellness Chemistry Profile
 - 1 Wellness Cell Blood Count (CBC)
 - 1 Electrolyte Screening Test
 - 12 Months Sentinel Spectrum
 - 12 Months Bravecto

*Membership Fee: \$235 and monthly payments of \$40

*One-time payment also available: \$650 (\$675 - \$25 processing fee waived)

Estimated Total savings \$517.00

- **Canine Paw Club Elite Member:** Initial: _____
 - 14 Office Visits/ Physical Examinations
 - 1 DA2PP Vaccination
 - 1 Rabies Vaccination
 - 1 Bordetella (kennel cough) Vaccination
 - 1 Leptospirosis Vaccination
 - 1 Heartworm Test
 - 1 Intestinal Parasite Screening Tests (Fecal Exam)
 - 1 Wellness Chemistry Profile
 - 1 Wellness Cell Blood Count (CBC)
 - 1 Electrolyte Screening Test
 - 12 Months Sentinel Spectrum
 - 12 Months Bravecto
 - Comprehensive Oral & Radiographic Evaluation with Cleaning

*Dental Scaling and Polish includes: Pre-surgical medication, intravenous catheter placement, anesthesia, intravenous fluids, and cardiopulmonary monitoring. This does not cover any oral surgery or medications needed after.

*Membership Fee: \$250 and 11 monthly payments of \$50.

* One-time payment also available: \$775 (\$800 - \$25 processing fee waived)

Estimated Total savings \$622.00

Only the specific services listed for your chosen plan are included. You must be prepared to pay any extra costs above and beyond your monthly fees at the time of any additional services.

Your monthly payment of \$ _____ will be automatically billed to the credit card listed below on the 1st of each month. If payment is not received, there will be a \$25 late fee. You must be the listed authorized cardholder.

VISA/MC/DISC/CARECREDIT _____ Exp: _____

Named Cardholder: _____ Security Code: _____

Billing Zip code: _____ Signature: _____

Driver's License #: _____ State of Issue: _____

- **Free and discounted services are only available by scheduled appointment during posted business hours.**
- **Free and discounted services will apply to the first use of that service during the contract term.**
- **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 this contract.
- **Cancellation terms:** You may cancel the plan at any time. You will responsible the difference between regular prices of the services already received less any payments already applied. No refunds will be issued. **Please note that the death or absence of your pet does not relieve you of your financial obligation.**
- **Discontinuation:** PVAH reserves the right to discontinue the Wellness Plan at any time; in such an event, and payment received that exceeds the regular value of the services received shall be refunded to the client, and no further payments will be deducted.

Additional Terms of Service

1. The wellness plan contract will expire one year after the date of enrollment.
2. Wellness Plans are not insurance policies. They include only the specific services listed for your chosen plan. All services must be provided during PVAH normal business hours; emergency and after hours services are excluded.
3. Wellness Plans are not transferable from one pet to another. The plan may transfer will the enrolled pet to a new owner, provided the new owner completes a new plan agreement, meets the terms of service, and no monthly payments are missed.
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 FL driver's license is also required.
5. The Annual Plan enrollment fee is due at time of enrollment. Enrollment will bill on the 1st of each subsequent month.
6. Plans may not be upgraded or downgraded during the contract year.
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. The credit card will be processed each day for the amount of the wellness plan plus the late fee charge for the next 5 days. 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. PVAH will pursue negligent accounts to the full extent of the law.
8. Due to the already discounted nature of the wellness plan any other discounts that may be applied to your account or coupons that are offered by PVAH will not apply to any services in your wellness plan.

Date: _____ Client Signature: _____