



Feline Senior Wellness Plan -7 years old and Older

The following is an outline of the plan:

What is included*

- Senior comprehensive physical exam [2]
- Clinical exam [2]
- Exam w. health certificate [1]
- Feline RCP 1 yr or 3 yr [1]
- Feline leukemia [1]
- Feline Rabies [1]
- Fecal test [1]
- Senior blood work [1]
- Urinalysis [1]
- Nail trim [2]

*Adult cats are expected to have been previously and properly vaccinated. If not, the first in a series of a vaccine is not included.

What is not included*

- Any diagnostics not explicitly listed above or in Wellness Plan packet
- Any services provided by outside veterinarians
- Any services recommended as a result of illness or accidental injury
- Additional examinations beyond the amount included in the plan
- Additional technician service fees
- Medications or food
- Heartworm or flea and tick prevention
- Vaccinations or services for your pet's next annual visit even if scheduled early within the 12 month period of agreement
- Emergency and urgent care visits are not included

How the Plan Works*

- A non-refundable enrollment fee of \$59.00 is due upon registering for the wellness plan
- The monthly payment will be automatically deducted from your bank account or credit card
- The plan is non-transferable to another pet, or person/new owner if pet is given away

- If for any reason you may need to cancel your plan, A.P.A.W. Veterinary Hospital will retain all monthly fees and the non-refundable enrollment fee. You will be required to pay the balance of monthly payments due for the plan year or the standard prices already rendered.

Wellness Plan Agreement **Terms and Conditions**

Client Name _____

Pet Name _____

Please review and sign your initials under each section. Your initials and signature (on page 2) indicate that you understand and agree with the Plan's terms and conditions.

I understand that A.P.A.W. Veterinary Hospital has several Wellness Plans and a Dental Plan from which to choose. I further understand that this agreement pertains ONLY to the Wellness Plan and/or Dental Plan I identify below.

Name of Wellness Plan: Feline Senior

In addition to the Wellness Plan identified above, I agree to pay the additional fee (\$26.00 monthly) associated with enrolling in the Dental Plan.

Initial here _____

The following applies to the Wellness Plan mentioned above:

Services

- Wellness services can be accessed at A.P.A.W. Veterinary Hospital and Wellness Center at any time during the designated plan year (12 months) and during regular office hours. Services are only valid at A.P.A.W. Veterinary Hospital and Wellness Center. The plan does not cover any services provided by outside veterinarians.
- The plan covers all services listed in the itemized plan description included in the Wellness Plan packet
- This plan is for the pet identified above and is not transferable to any other animal or person
- The plan does not cover additional technician appointment fees beyond what is covered
- The plan does not cover any fees for services recommended as a result of illness or accidental injury, and does not cover any emergency or urgent care services
- A.P.A.W. Veterinary Hospital reserves the right to limit services during the first six months of the Plan. (For example, you cannot receive all services if only a few months have been paid)

- A.P.A.W. Veterinary Hospital reserves the right to change the services and terms and conditions of the Plan at the time of renewal. Notice of adjustment will be given 30 days prior to the renewal date.

Initial here_____

Fees and Payments

- This Agreement is not pet insurance. Monthly fees will be determined by the fee schedule that is in effect at the beginning of the Plan year
- During the first month of the Plan Year, I authorize A.P.A.W. Veterinary Hospital to auto-debit my credit/debit card a one-time only, non-refundable registration fee of \$59.00 in addition to the regular monthly fee.
- This authorization is for a period of 12 consecutive months (i.e. the “Plan Year”), starting on _____(month/day/year) and ending on _____(month/day/year).
- My credit/debit card will be automatically debited between the 1st and 7th day of each month. If an auto-debit charge is declined, payment must be made to A.P.A.W. Veterinary Hospital within 72 hours of initial notification (i.e. phone call from A.P.A.W. staff member) or services will be automatically suspended and the account considered in default. An overdraft and reprocessing fee of \$15.00 will be charged for any rejected charges, including insufficient funds, cancelled credit card, or any other reason payment is unable to be processed.
- I am responsible for notifying A.P.A.W. Veterinary Hospital reserves the right to adjust the annual cost of the plan on any annual renewal date. Notice of adjustment will be given 30 days prior to the renewal date.
- After two or more credit card/account declines, eligibility for future plans will be left to the discretion of A.P.A.W. staff
- If there is a break in continuity of your pet’s wellness plan, a new enrollment fee will be incurred
- Upon signing this Agreement, I immediately accept responsibility for making all 12 monthly payments during the authorized Plan Year. I also understand that I will not receive a full or partial refund if I choose not to access all of A.P.A.W.’s wellness services for my pet during the Plan Year.

Initial here_____

Duration

- The Wellness Plan fees cover all services listed in the Wellness Plan packet for one year from the date of initial enrollment. The entire terms and conditions of this agreement will be in effect for the entire length of enrollment

- This Wellness Plan will auto-renew on year from the start date indicated above, and annually thereafter, unless I contact A.P.A.W. in writing to cancel at least 15 days prior to the renewal date. No enrollment fee will be charged with continuous renewal. Notice of renewal will be given 30 days prior to the renewal date

Initial here_____

Termination

- Early cancellation-if the Wellness Plan is cancelled within five business days of enrollment and before services are rendered, a full refund will be given, including the initial enrollment fee.
- If a member cancels beyond five business days but before services have been rendered, the entire amount paid for the plan year will be refunded, exclusive of the enrollment fee
- If the pet identified in this Agreement moves or becomes deceased during the course of the Plan Year, I understand that this Agreement will be cancelled immediately upon my provision of written notification to A.P.A.W. Veterinary Hospital (including death certificate or proof of cremation). Failure to provide this written notification may result in ongoing debits to my debit/credit card as authorized under the terms of the Plan. I agree to pay the balance of monthly payments due for the year or the standard price for services already rendered-whichever is less.
- If the Wellness Plan is cancelled after any services have been rendered, A.P.A.W. Veterinary Hospital will retain all monthly fees paid and the non-refundable enrollment fee. I agree to pay the balance of monthly payments due for the year or the standard cost for services already rendered-whichever is less. The entire balance will be due immediately to avoid possible legal action.

Initial here_____

Dental Plan

The following is an outline of the plan:

What is included*

- Dental scaling, polishing, fluoride application, anesthesia, and antibiotic injection (if needed)

What is NOT included*

- Extractions/Oral surgery
- Antibiotics/Pain medications to go home
- Dental products
- Any oral treatments preventing periodontal disease such as Sanos or Oravet applications
- Nerve blocks

How the Dental Plan Works (similar to the Wellness Plan)

- A non-refundable enrollment fee of \$59.00 is due upon registering for the Dental Plan. If this Dental Plan is supplemental to the Wellness Plan, then no enrollment fee will incur
- The monthly payment will be automatically deducted from your bank account or credit card
- The Plan is non-transferable to another pet/person/new owner of pet is given away
- If for any reason you may need to cancel your plan, A.P.A.W. Veterinary Hospital will retain all monthly fees and the non-refundable enrollment fee. You will be required to pay the balance of monthly payments for the Plan Year, or the standard prices for services already rendered.

I have read, understood, and assent to the terms of this Agreement. I have read the services described in the Wellness Plan packet, and understand the services that my specific plan includes. Upon signing below, I consent to be held liable for all obligations, financial, and otherwise, under this Agreement.

Client Signature_____

Date_____

A.P.A.W. Staff Signature_____

Date_____

Please provide us with the best contact information. This information will be used in case your credit card declines.

Phone number_____

Email_____

Mailing
Address_____
