

FAITHFUL FRIENDS ANNUAL WELLNESS PACKAGES (OPTION 2)

Complete (Package 1) includes: enrollment fee \$100 then \$48/mo

Two free wellness exams

1 free Annual comprehensive blood work (CBC/Chem, feline T4)

1 free COHAT/Dental cleaning **extractions not included

Enrollment into Free Vaccines For Life

Free Heartworm test (cats FeLV/FIV test)

2 free fecal floats

Free microchip

Free routine** nail trims (max 12)

Free anal gland expression (up to 4)

Free ear cleanings (up to 4)

1 free urgent care/medical exams

10% off medications, prescription diets* cannot be combined with other offers

Retail value: \$800 Savings: \$120 and you get to make payments!

Elite (Package 2) includes: enrollment fee \$100 then additional \$20/mo to package 1

Unlimited exams

1 free Annual comprehensive blood work (CBC/Chem, feline T4)

1 free COHAT/Dental cleaning, extractions included

Enrollment into Free Vaccines For Life

Free Heartworm test (cats FeLV/FIV test)

2 free fecal floats

Free microchip

Free monthly routine** nail trims (max 12)

Free anal gland expression (up to 4)

free ear cleanings (max 4)

10% off medications* cannot be combined with other offers

50% off of radiographs

10% off of other services (*cannot be combined with other offers or packages)

\$150 off of any surgical or dental package of \$300 or greater

Free e-collar (post-op)

The Basic (Package 3) includes: enrollment fee \$50 then \$20/mo

Two free wellness exams

Enrollment in free vaccines life

Annual comprehensive blood work (T4 not included)

Heartworm test or FeLV/FIV test

1 Free Fecal float

2 free routine nail trims

Retail value: \$300 Your savings: \$60 and you get to make payments!

Puppy/Kitten Package- (12 months and under) enrollment fee \$50 then \$25/mo

Three wellness exams

Distemper (Da2PP or FVRCP) vaccines every 3-4 weeks until 16 weeks old

Lepto vaccine for puppies (initial and booster)

FeLV vaccine for kittens (initial and booster)

HWT at 6 months old

One fecal float

One parvo testing if needed

Rabies vaccine

Routine** nail trims (up to 12)

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.

**routine nail trims are those that do not require sedation, are not infected, broken, etc

Your monthly payment of \$_____ will be automatically billed to the bank account listed below on the _____ of each month. You must be the listed authorized account holder

Account number: _____ Routing number: _____

Named account holder: _____ Billing Zip code: _____

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 . 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 FFAH'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)

FAITHFUL FRIENDS ANIMAL HOSPITAL 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.
2. Wellness Plans are not insurance policies. They include only the specific services listed for your chosen Plan. All services must be provided during FFAH normal business hours; emergency and after hours services are excluded.
3. Wellness Plans are not transferable from one pet to another. If you lose or rehome your pet, you are still responsible for the fees as discussed under Cancellation Terms.
4. A bank account is required for the monthly payments. Monthly payments will automatically be deducted from your checking or savings account. The name and signature on the account must match the name and signature on the Plan Agreement; or the account holder must co-sign the agreement. A valid driver's license is also required.

5. The Annual Plan deposit, and the first monthly payment are due at the time of enrollment. Enrollment prior to the 15th of the current month will bill on the 1st of each subsequent month. Enrollment on the 15th or later will bill on the 15th 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 may 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. FFAH 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.

Date: _____ Client Signature: _____

**Authorization Agreement For
Automated Clearing House Transactions
(ACH Debits)**

ACH Authorization			
Company Name:	Faithful Friends Animal Hospital	Company ID #:	

I (we) hereby authorize: Faithful Friends Animal Hospital hereinafter called COMPANY/INDIVIDUAL, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) Checking Savings account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to debit and/or credit the same to such account.

Bank Information			
DEPOSITORY NAME:		Branch: (if applicable)	
City, State, ZIP:		Amount to Debit:	
Transit/ABA No: ("Routing #")		Account #:	

This authority is to remain in full force and effect until COMPANY/INDIVIDUAL has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY/INDIVIDUAL and DEPOSITORY a reasonable opportunity to act on it.

Name(s): _____
Please print _____ SSN: _____

Signature(s) _____ **Date** _____

I (we) wish for this transaction to take place starting on: _____ and to recur:
 once a month, every two weeks, other: _____

- CHECK ONE: I am not currently participating in the Automated Payment Program.
 ADD – Debit the account shown.
- I am currently participating in the Automated Payment Program.
 CHANGE – Change financial institutions and/or account number.

TAPE VOIDED CHECK HERE
[Voided check not necessary, but recommended]