

Client Name: _____
Pet's Name: _____
Date: _____

Purchase Agreement for FELINE PREVENTATIVE PLAN WITH ORAL CARE

I understand and agree to the following: **(Please initial each line stating you understand and sign and date at the bottom)**

- _____ I am purchasing the services named below
 I choose a monthly auto-debit to my credit/debit card of \$70/month.
If an auto-debit charge is declined, a payment must be made within 30 (thirty) days or the account will accrue interest at a percent equal to 24% APR. If no payments are made on the account within 90 days, the plan will be canceled, and all services rendered will be required to be paid in full for the regular cost of services. Any discounts that were included with the plan will be null and void, and services used will be charged at full price.

- _____ If this is the first Preventative Plan purchased for this pet, there is a one time Membership Fee of **\$49.00** to help cover administrative costs. As long as the pet continues to have a Preventative Plan, this fee will not be charged again. If the plan is allowed to lapse in the future for more than 90 (ninety) days, a new Membership Fee is charged when another plan is selected.

- _____ The above fees cannot be combined with any other discounts

- _____ The services named below can be used any time during the 12 months following the initiation of the Preventative Plan. I understand it is my responsibility to ensure all services are used. I also understand there is no refund for unused services, nor can the plan be transferred to another animal.

- _____ I understand that there is no reimbursement for any services rendered prior to the initiation date of this Preventative Plan

- _____ No other discounts will be applied to items already discounted through the Preventative Plan

- _____ This is not an insurance plan. I understand that I am purchasing the services in full today. Prior to the expiration date (one year from the date noted above), I cannot stop the plan and be reimbursed any funds, nor can I stop the monthly auto-debit prior to the plan being paid in full.

- _____ Thirty (30) days prior to the end of the plan, you will be sent an email reminder for the renewal of the plan. Please provide the best email address: _____

- _____ I understand that this plan will auto-renew a year from the date listed above. If I do not want to renew the Preventative Plan, I understand it is my responsibility to call or email and let Chimney Hills Animal Hospital know of my intent to not renew the plan.

SERVICES INCLUDED IN PACKAGE

- | | |
|---|---|
| Comprehensive Physical Examination | Thyroid Screening |
| Unlimited Free Medical Evaluations | Complete Blood Count (CBC) |
| Vaccines – All recommended core vaccinations | Full Chemistry Panel (26 values) |
| Intestinal Parasite Screening | Complete Urinalysis |
| 50% off Nail Trims | 50% off Anal Gland Expressions |
| Dental Exam and Cleaning (Surgical extractions are not included with plan and will be an additional charge) | Full Year of Heartworm, Flea, and Tick Prevention (Revolution Plus) |

Signature: _____

Date: _____