

Robin A. Barrow, DVM
Teresa R. Fenn, DVM, MS
Office: 770.464.0890
After Hours: 770-785-2727



Post Office Box 126
140 South Cherokee Road
Social Circle, GA 30025
barrowvets@gmail.com

Barrow Veterinary Services, P.C.

WELLNESS PLAN ENROLLMENT AND CONSENT FOR MONTHLY CHARGES

CLIENT NAME: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
DATE WELLNESS PLAN BEGINS: _____

HORSE NAME: _____
STABLE NAME: _____
DRIVERS LICENSE #: _____
CONTACT EMAIL: _____

- BASIC WELLNESS PLAN, \$35 MONTHLY
- JUNIOR/SENIOR WELLNESS PLAN, \$45 MONTHLY
- PREMIUM WELLNESS PLAN, \$55 MONTHLY

TERMS AND CONDITIONS: *Wellness Plans cover only those services as outlined in the accompanying literature. Additional services will incur charges at regular prices. All charges (other than monthly installment) are due and payable at time of service unless other arrangements have been made in advance. Price per month is per horse. Payment for additional services will be accepted in the form of cash, check, Visa, MasterCard, or American Express. Accounts over 30 days will incur 5% interest monthly plus \$2 billing fee. All medications and supplies not administered by a doctor must be paid in full at time of pick-up or order, and if mailed, postage fees will apply. 10% discount on scripted meds applies only to medications purchased directly from BVS and does not apply to any items purchased from our online store. Unused services are considered forfeited at the end of the 12-month period and no refunds or credits for unused services will be issued. Client is responsible for making all appointments. Owner or agent must be present during all appointments. Wellness plan will automatically renew unless cancelled in writing before the first installment of the additional year. Plan is considered in default if the card is declined for any reason. After reasonable attempt at contact, interest will accumulate on the plan until paid up to date and no included services will be provided. Dishonored checks will incur service charges of \$30 or 5%, whichever is greater. Should plan or services be placed in collections, client will be responsible for all interest, attorney's fees, court costs, and other expenses incurred by BVS during collection of the debt. BVS reserves the right to refuse enrollment or to cancel participation in a Wellness Program at their discretion. Should a horse be sold, traded, or become deceased during enrollment, services will be pro-rated at regular pricing subject to the discretion of this office.*

CARD NUMBER: _____ EXPIRATION: _____
SECURITY CODE: _____ NAME ON CARD: _____
BILLING ADDRESS, IF DIFFERENT THAN ABOVE: _____

SIGNATURE OF CARDHOLDER: _____ DATE: _____

I do willfully and voluntarily enroll the listed horse up for the indicated Wellness Program with Barrow Veterinary Services. I agree willingly to all terms and conditions listed above, and agree that my card may be billed monthly for the amount listed, plus any other incurred charges for veterinary care, either in accordance with or in addition to the plan I have chosen. Should my card expire or otherwise change, I alone shall be responsible for updating the information for the continuation of the plan.

Representative of BVS

Date

