



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: _____

COMPREHENSIVE EQUINE WELLNESS PLAN, \$58 MONTHLY

TERMS AND CONDITIONS: *Wellness Plans cover only those services as outlined in the accompanying flier. Additional services will incur charges at regular prices. Medications prescribed during the course of any exam associated with this Wellness Plan are not considered part of the plan and are not subject to any discount or special pricing. All charges (other than monthly installment) are due and payable at time of service unless other arrangements have been made in advance. First and last month of Wellness Plan will be charged on card provided at Enrollment. Price is per month per horse. After enrollment, card will be charged on one of the last 2 business days of the month previous (i.e: January 30 for the February coverage). Payment for additional services will be accepted in the form of cash, check, or credit card. 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. 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. Plan is considered in default if the card is declined for any reason and no additional services will be provided. Should card on file be declined, a \$10 convenience fee shall be applied daily for each day the card is declined, not to exceed \$50. After reasonable attempt at contact, interest will accumulate on the plan and services at 5% monthly until paid up to date and no services will be provided. Plan is considered in default if more than 30 days have passed since charges were able to be processed. In the event that plan is in default, plan will be cancelled. Any services already provided, including trip fees, exam charges, and after hours fees, will be prorated back to regular pricing. The full amount shall be due and payable immediately. 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, decline re-enrollment, or to cancel a Wellness Program at any time at their discretion. This plan is non-transferrable. Should a horse be sold, traded, move, or become deceased during enrollment, services already provided will be pro-rated at regular pricing subject to the discretion of this office, due and payable at time that office is notified that plan is cancelled or no longer in effect. No cash refunds will be issued for overpayment but client may use credit for other services for a period of 12 months after the credit is issued. After 12 months, any overpayment is considered forfeited. Collections are handled by TekCollect, an AVMA partner company.*

RELEASE OF LIABILITY: *While extremely rare, all medical procedures carry a risk of adverse reaction. Reactions can become severe without warning. By signing, client agrees that BVS will be held harmless for any adverse reaction that a horse may experience due to the administration of any of the services listed in this agreement, up to and including the death of the animal. BVS, its owners, agents, and employees assume no financial responsibility for any emergency or subsequent treatment administered in such an event, whether administered by BVS or by another practitioner of the client's choosing.*

By signing below, I agree to all terms and statements set forth above.

Client Signature

Date

Plan will not become effective until the card authorization on the next page is completed and signed.

Revised 01/2023

CLIENT NAME: _____

HORSE NAME(S): _____

CREDIT CARD AUTHORIZATION FOR WELLNESS PLAN PAYMENTS:

Exact Name on Card: _____

Card Number: _____

Expiration: ____/____ CVV#: _____

Entire Billing Address Of Card, If Different From Client Address:

SIGNATURE OF CARDHOLDER: _____ DATE: _____

I do willfully and voluntarily enroll the listed horse(s) in the indicated Wellness Plan with Barrow Veterinary Service, and authorize my card to be billed monthly for the amount listed. I agree that I have both the means and the intent to uphold the conditions of this contract. Should my card expire or become invalid for any reason whatsoever, I alone shall be responsible for updating the information for the continuation of the plan. My signature indicates that I recognize this agreement as a legally binding document and finance agreement, subject to litigation and credit reporting in the event of nonpayment and/or default.

THIS SECTION FOR OFFICE USE ONLY

TOTAL DUE MONTHLY: \$ _____

PLAN EFFECTIVE DATES: _____

PAYMENT #	DATE CHARGED:	AMOUNT CHGD:	FOR DATES:	TOTAL PAID TO DATE:	NOTES:
1					1 st & Last Month
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					