

Wellness Plan Enrollment Form 2017

Client Name: _____ Client ID: _____ Enrollment Date: _____

Pet Name: _____ Patient ID: _____ Canine Feline

CANINE Choose one:

- Puppy Basic
\$26.58 monthly **or** full payment \$392.36
- Puppy Plus
\$52.76 monthly **or** full payment \$680.36
- Canine Adult Basic
\$20.52 monthly **or** full payment \$325.76
- Canine Adult Plus
\$52.89 monthly **or** full payment \$681.76
- Senior Canine
\$56.98 monthly **or** full payment \$726.76

FELINE Choose one:

- Kitten Basic
\$29.40 monthly **or** full payment \$423.45
- Kitten Plus
\$46.18 monthly **or** full payment \$607.59
- Feline Adult Basic
\$21.39 monthly **or** full payment \$335.25
- Feline Adult Plus
\$53.75 monthly **or** full payment \$691.25
- Senior Feline
\$57.84 monthly **or** full payment \$736.25

I, _____ (print full name), have enrolled my pet _____ into Gibraltar Veterinary Hospital's (GVH) Wellness Plan (minimum 12-month commitment). I understand that GVH will charge the account listed below a non-refundable membership fee of \$39.95, \$ 100.00 down payment, and a non-refundable monthly payment of \$ _____ until the end of the one-year enrollment period. **Payments are deducted every 30 days (not by date).** The Plan will automatically renew annually unless Owner notifies GVH in writing prior to the expiration of the initial or renewal term, of its intent to cancel future Wellness Plan benefits.

If my payment on credit card or account is declined, GVH will notify me. Declined payments will result in a \$25 finance charge (per failed transaction) in addition to the original payment due. I understand I am responsible for notifying GVH of any changes to my account/payment information that would interfere with payment processing. _____ **(initial)** If payment for a failed transaction is not made within a 5-day period of notification, GVH may revoke my membership and rescind all discounts given, including additional complimentary services included with membership. Client agrees to submit full listed price for the services given up to the date of the declined payment. Membership is non-transferable to other clients or pets. The GVH Wellness Plan is not pet insurance. The Plan does not cover services provided by non-GVH Hospitals such as specialists and emergency clinics. The Plan may be modified by GVH with or without notice.

I understand and agree to all aspects of this membership.

 Signature

 Date



Wellness Plan Payment Form 2017

Wellness Plan Enrolling in: _____

Monthly Payment Plan \$ _____

Full Payment \$ _____

Driver's License (attach copy): _____

Credit Card (Circle): Visa MasterCard Discover AMEX

Name on card: _____ Security Code: _____

Number: _____ Expiration: ____/____

Email (receipts will be emailed): _____

I understand Monthly payment plans will deducted from account every **30 days** from enrollment date.

Card Holder Signature

Date