

## Wellness Plan Enrollment Contract 2021

Client Name: \_\_\_\_\_ Client ID: \_\_\_\_\_ Enrollment/Renewal Date: \_\_\_\_\_

Pet Name: \_\_\_\_\_ Patient ID: \_\_\_\_\_ Canine Feline

- Puppy Basic  
\$39.71 monthly **or** full payment \$536.85
- Puppy Plus  
\$74.43 monthly **or** full payment \$918.71
- Canine Adult Basic  
\$33.21 monthly **or** full payment \$465.30
- Canine Adult Plus  
\$63.73 monthly **or** full payment \$801.00
- Senior Canine  
\$81.65 monthly **or** full payment \$998.10

- Kitten Basic  
\$35.50 monthly **or** full payment \$490.50
- Kitten Plus  
\$58.86 monthly **or** full payment \$747.45
- Feline Adult Basic  
\$22.57 monthly **or** full payment \$348.30
- Feline Adult Plus  
\$55.14 monthly **or** full payment \$706.50
- Senior Feline  
\$69.37 monthly **or** full payment \$863.10

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).** If my payment on credit card or account is declined, GVH will notify me. **Declined payments will result in a \$15 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*

**Email (receipts will be emailed):** \_\_\_\_\_

Driver's License (**attach copy**): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Credit Card (**attach copy**): Visa MC Discover AMEX

Number: \_\_\_\_\_ Expiration: \_\_\_\_/\_\_\_\_ Security Code: \_\_\_\_\_