

Wellness Plan Enrollment Contract 2022

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

Pet Name: _____ Canine Feline

- Puppy Basic**
\$51.70 monthly **or** full payment \$668.70
- Puppy Plus**
\$106.52 monthly **or** full payment \$1271.70
- Adult Canine**
\$58.82 monthly **or** full payment \$747.00

- Kitten Basic**
\$44.95 monthly **or** full payment \$594.45
- Kitten Plus**
\$87.37 monthly **or** full payment \$1061.10
- Adult Feline**
\$50.76 monthly **or** full payment \$658.35

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.

Plans do not auto renew after the expiration date.

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: _____