Wellness Plan Agreement

Pet Owner: Pet Name:

Wellness Plan Purchase:  Start Date:

End Date: Enrollment Fee Charge ($50):  Yes  No

Monthly Payment: Amount Due Today:

Phone Number 1: Type:

Phone Number 2: Type:

Account Type:  Visa  MasterCard  Discover

Cardholder Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Security Code \_\_\_\_\_\_\_\_ Zip Code:\_\_\_\_\_\_\_\_\_

Expiration Date \_\_\_\_\_\_\_\_\_\_\_\_ DL#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ONLY if Paid in Full:  Care Credit  Cash

Checking:  Direct Deposit See ACH Origination Form

Hospital Use Only:

Auto Renewal Date:

Paid in Full: Follow up in AviMark (Initial when completed):

60 Day Renewal Confirmation Date:

1st Time/Date of Contact: Initials (when completed):

Documented in AviMark: Initials:

2nd Time/Date of Contact: Initials:

Documented in AviMark: Initials:

I authorize Benton Road Animal Health Clinic, LLC to charge the above account according to the terms outlined above and in the Terms & Conditions. I understand this information will be kept private and will not be abused by Benton Road Animal Health Clinic, LLC. If the above noted payment date(s) fall on a weekend or holiday, I understand that the payment will be charged on the following business day. I understand that this authorization will remain in effect and will automatically renew into the following year. I agree to submit in writing my desire to cancel my renewal at the very least within 30 days prior to the Auto Renewal Date: \_\_\_\_\_\_\_\_\_\_\_. I understand failure to do so will result in additional charges. I agree to notify the business of any changes in my account information within 15 days prior to the next billing date. I certify that I am an authorized user of this credit card and that I will not dispute the payments with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adult Canine Plans

|  |  |  |
| --- | --- | --- |
| Canine Basic | Canine Platinum | Canine Platinum Plus |
| **$29.99** | **$55.99** | **$71.99** |

Puppy Plans

|  |  |  |
| --- | --- | --- |
| Puppy Basic | Puppy Platinum |  |
| **$40.99** | **$67.99** |  |

Adult Feline Plans

|  |  |  |
| --- | --- | --- |
| Feline Basic | Feline Platinum | Feline Platinum Plus |
| **$24.99** | **$45.99** | **$60.99** |

Kitten Plans

|  |  |  |
| --- | --- | --- |
| Kitten Basic | Kitten Platinum |  |
| **$30.99** | **$46.99** |  |