

Puppy Wellness Package Agreement

This wellness package agreement is entered into by above-referenced client and PetsFirst! Wellness Center. The services provided under this plan are available only at PetsFirst! Wellness Center.

I. Service

- a. This package provides all services listed below:
- 1 comprehensive physical examination
 - 2 growth and development exams
 - All puppy vaccinations:
 - i. 2 Corona
 - ii. 3 Distemper
 - iii. 3 Parvovirus
 - iv. 3 Hepatitis
 - v. 3 Leptospirosis
 - vi. 3 Parainfluenza
 - vii. 1 Bordetella
 - viii. 1 Rabies
 - 2 dewormings
 - 1 fecal test for parasite detection
 - 12 months of heartworm prevention
 - 1 diagnostic blood screen
 - 1 microchip
- b. This package does not cover fees for services performed as a result of illness or injury, and it does not cover emergency services. This plan is not an insurance policy but rather a plan to provide optimal wellness care and preventive treatment.
- c. This package is not transferable to another pet or assignable to another person; it applies only to the above-referenced patient for as long as the patient is owned by above-referenced client. No other pets may be covered under this agreement. Clients who own multiple pets must initiate a separate wellness package agreement for each pet.

II. Fees and Payments

- a. Total fees for this package are **\$355.00**, a discount of **10 percent**. *The client may pay the package fee in full at the time of enrollment or in prorated monthly installments of \$29.58.* A minimum of the first month's payment is due at the time of enrollment.
- b. If the client opts for monthly payments, the monthly fee will be automatically deducted from the client's bank account. In the event that an automatic deduction is rejected by the client's bank, a \$25 reprocessing fee will be charged. Please note that the client is responsible for promptly notifying PetsFirst! Wellness Center if there is a change in the designated bank account.
- c. If the client fails to pay any installment within 30 days of the due date, PetsFirst! Wellness Center reserves the right to immediately terminate the agreement and declare all fees and

remaining outstanding monthly payments immediately due and payable, as well as any or all collection agency and/or attorney fees necessary to collect the full amount due to PetsFirst! Wellness Center without any relief whatever from Valuation or Appraisal Laws.

III. Terms and Conditions

- a. This agreement will stay in effect for 12 months from the date of initial enrollment. All the terms and conditions of this agreement will remain valid for that time. All services itemized in Section I of this agreement must be completed within the 12-month enrollment period. No refunds will be issued for unused services that have expired.
- b. This agreement will NOT be automatically renewed. PetsFirst! Wellness center offers Adult Wellness Packages and will contact the client at the conclusion of this agreement to determine whether the client is interested in enrolling in an adult plan.
- c. If at any time during enrollment in a plan, the client moves out of the area or the patient dies, the member will pay the balance of monthly payments due or the non-discounted prices for services rendered to date, whichever is less. If the member has already paid for the entire package in full, a refund may be issued if services rendered are less than the wellness package payment.
- d. PetsFirst! Wellness Center reserves the right to adjust the annual cost of any wellness package on client’s enrollment anniversary date. In the event of an adjustment to the cost of a plan, notice of the adjustment will be given to the client 60 days prior to the enrollment anniversary date.

I have read, understand, and consent to the terms of this agreement. I understand the services that my specific plan includes, and that I have a period of 12 months from the date of my signature below to utilize these services. A minimum of the first monthly payment is due immediately upon client signature. This wellness package becomes effective upon receipt of payment.

Client Signature _____ Date _____

PetsFirst! Witness Signature _____ Date _____

I authorize \$_____ to be charged to my (checking / savings) account on the _____ day of each month, beginning _____.

Bank Routing Number _____ Account Number _____

Authorization Signature

Date