

EQUINE WELL CARE PROGRAM 2018

ENROLLMENT FORM

<u>Name:</u>		<u>Home Address:</u>			
<u>Email Address:</u>		<u>Home Phone:</u>			
<u>Barn Name/Address:</u> (where horse is stabled)		<u>Work Phone:</u>			
<u>Barn Phone:</u>		<u>Cell Phone:</u>			
<u>Horse(s)</u>		<u>Description</u>			
Registered Name	Nick Name	Breed	Gender	Color	Date of Birth
Payment <i>before</i> Jan. 31, 2018:					
Each Horse		___ * \$344			
		Total Payment Due = _____			
Payment <i>after</i> Feb. 1, 2018 to Feb. 28, 2018:					
Each Horse		___ * \$364			
		Total Payment Due = _____			
<u>Doctor Preference:</u>		<u>Payment Information</u>			
<u>Date Enrolled:</u>		<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Visa/MC/Discover/American Exp.			
		Credit Card #:		CVC#:	
		Expiration Date:		Name on card:	

I, _____, agree to comply with Equine Medical's Equine Well Care Program.

- I understand that the cost of the Wellness Program must be paid in full at the time of enrollment and all program fees are nonrefundable.
- I understand the Wellness Program cannot be customized and coverage starts at the date of purchase and ends on December 31, 2018.
- I understand call charges are no longer included in the Wellness Program but a discount of 20% will be deducted from call charges at the time services are provided.
- I understand that pregnant mares, mares with foals at their side and horses under one year of age are not eligible for the program.
- If I request other vaccinations and services, I understand that they are available, but at an additional fee.
- If my horse should require additional sedation and/or more extensive dental work than would be considered routine by the doctor, I accept the extra charge at the time the dental prophylaxis is performed.
- I understand that all services included in the program must be provided by November 15, 2018 for the safety & comfort of my horse, as well as that of the veterinarian.
- If my horse requires treatment for a colic episode and I have transported him/her to Equine Medical LLC for treatment, I understand that I must pay Equine Medical LLC in full at the time of his/her discharge to receive the 10% discount.
- I understand that in order to be eligible for the 10% discount on additional services from Equine Medical LLC, I must pay Equine Medical LLC in full at the time of service.
- I understand that in the unfortunate circumstance of the death or sale of an enrolled horse, one transfer of the remaining Wellness Program services may be made to another horse that I own. Wellness Program discount will not be transferred to the new horse if all Wellness Program services have been used by the previous horse.

I have read and understand all the aspects of the Equine Well Care Program, provided by Equine Medical LLC.

Signature of legal owner/agent

Date