

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, 2017.
- I understand that 2 calls per calendar year are included in the program.
- 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, 2017 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 if I enroll additional horses, they must be at the same location at time services are rendered or an additional farm call may be charged.
- 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.

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