



Drs. Mark Ledyard, Jen Knepshield, Jaclyn Amber, Mary Peters, Denise Henry, Danielle Kaplan, & Cate Cowan  
208 Charlotte St. \* Asheville, NC 28801  
Business: 828-232-0440, Fax: 828-253-5640  
www.charlottestreetanimalhospital.com

**PREVENTIVE CARE PLAN CONTRACT**

Pet Name: \_\_\_\_\_ Client/Subscriber: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Client Number: \_\_\_\_\_

Species (circle one): Canine    Feline

Coverage Start Date: \_\_\_\_\_ Coverage End Date: \_\_\_\_\_

**TERMS AND CONDITIONS**

Subscriber = Client; Provider = Charlotte Street Animal Hospital

**COVERAGE**

Your Preventive Care Plan covers all the services listed on the itemized page issued to the Client and attached to this document. It does not include any services not listed on that itemized sheet. It does not include any services provided by anyone other than the Provider or any fees for services recommended as a result of an illness or accidental injury even if the Provider refers the Client. Fees for not-included services will be determined between the parties in accordance with the fee schedule in effect at the time and must be paid at the time they are rendered. The Preventive Care Plan is not intended to cover unexpected illness or injury. It is not pet insurance. The Preventive Care Plan, or Wellness Package, is intended help make routine health care convenient and affordable.

**TRANSFERABILITY**

This agreement is not transferrable or assignable and applies only to the pet identified above while owned by the named Subscriber. The Subscriber may obtain preventative care for the pet only at the Provider's hospital named herein.

\_\_\_\_\_  
(initial)

**CANCELLATION TERMS**

Either the Provider or the Subscriber may cancel this agreement at any time. If the Subscriber performs all of his/her obligations and the Provider cancels this agreement, all the fees the Subscriber has paid for the current term year will be refunded in full, less the Provider’s standard charges for any services rendered prior to cancellation. If the Subscriber cancels at any time before services are rendered, the entire amount paid for the current year will be refunded, minus any membership fee charged. Refunds will not be made for any prior year’s plan. If the Subscriber cancels after any services have been rendered, the Provider shall be entitled to retain the entire amount of the membership fee and all monthly installments which have been paid and the Subscriber will be liable to pay the Provider the remaining installments for the term year in effect or the Subscriber shall pay the full amount of the standard price of services already rendered, including office examination charges, whichever is less. Such installments can be paid either monthly as they come due or as one payment in full. If an enrolled pet dies or is disposed of for any reason after services have been rendered, the Provider shall be entitled to retain the entire amount of the membership fee and all monthly installments which have been paid and the Subscriber will be liable to pay the Provider the remaining installments for the term in effect or the full amount of standard price of services already rendered, including charges for office examinations, whichever is less. The installments can be paid either monthly as they come due or as one payment in full. Multiple pet families may be required to have similar pets identified by microchip or tattoo unless all similar pets are covered under a Preventive Care Plan with the Provider.

**ANNIVERSARY DATE FEE ADJUSTMENTS**

The Provider reserves the right to adjust monthly fees at any anniversary date or to cease at any time to provide the plans.

**ITEMS NOT COVERED BY THIS AGREEMENT**

- A. Services rendered by a specialist to whom Client is referred by the Provider.
- B. Services at any institution or hospital other than the Provider, or services rendered by other veterinarians not employed by the Provider.
- C. Services not listed on the attached itemized sheet.

**ENROLLMENT FEE**

A \$25 registration fee will be charged upon initial set-up and/or reactivation of any non-renewing packages. This is a one-time only fee as long as plans are set for auto-renewal.

**INSTALLMENT PAYMENTS**

Installment payments may be paid by credit card. An overdraft or reprocessing fee of \$27 will be billed to the Subscriber on dishonored/declined charges to the Subscriber’s account. The Subscriber is responsible for notifying the Provider of any change in the account set up for billing. In the event that the Subscriber fails to pay any installment within 30 days of its due date, the Provider may immediately terminate this agreement and declare all fees and remaining monthly installments for the current term year to be immediately due and payable. If the Provider permits the Subscriber to restart the program after termination under the section, a new application and membership fee will be required unless special arrangements are made and agreed to in advance.

\_\_\_\_\_  
*(initial)*

**EFFECTIVE PERIOD**

This agreement shall be effective for 12 months. Clients will receive a 30-day notice prior to automatic re-enrollment, as well as a 30-day notice in case of any price change associated with renewal. The \$25 enrollment fee will be waived for automatically renewing plans.

**FEES DUE TO PROVIDER IN ADDITION TO PREVENTIVE CARE PLAN**

In the event that cancellation of the agreement for any reason results in monies due to either the Subscriber or the Provider, such money shall be paid in full within 30 days of cancellation. If either party fails to make any payment when due under this agreement, that party shall pay the other party’s collection cost, whether or not legal action is recommended. In the event of any legal proceedings (including appeals) the prevailing party shall be entitled to recover its costs, disbursements, and reasonable attorney’s fees as determined by the court.

I swear and affirm that the information contained in this Preventive Care Plan Contract is true and correct and the person named as the Client-Subscriber is the legal owner of the pet which is identified herein.

The Client-Subscriber agrees that this contract shall be interpreted using the laws of the state of North Carolina. The Client-Subscriber further agrees and consents that if legal action or proceedings are instituted that venue for such action/proceedings shall be in Buncombe County, North Carolina. Any objections to venue are hereby waived by the Client-Subscriber by the execution of this Preventive Care Plan Contract.

This contract includes all the terms of the Preventive Care Plan unless additions or changes are made in writing.

\_\_\_\_\_, Date: \_\_\_\_\_  
Subscriber or Agent of the Subscriber

\_\_\_\_\_, Date: \_\_\_\_\_  
Charlotte Street Animal Hospital Representative

\_\_\_\_\_  
*(initial)*

## Services included in Preventive Wellness Package

- Two Wellness Exams
- Annual Wellness Blood Panel, including heartworm test
- Intestinal Parasite Screening
- All recommended core vaccinations for the year
- Two Blood Pressure Checks with Exams
- Heartworm, flea, and intestinal parasite preventative for the duration of the plan
- 25% off any other exam (sick animal or emergency) for the duration of the plan
- 10% discount off all other services and products (except food) for the duration of the plan
- Two complimentary nail trims and/or anal gland expressions

**AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZATION CREDIT CARD CHARGE**

I (We) hereby authorize Charlotte Street Animal Hospital to charge our credit card one time today in the amount of \$70 (cat) or \$72 (dog), then for \$45 (cat) or \$47 (dog) on the \_\_\_\_\_ day of each month beginning \_\_\_\_\_.

Credit Card Type: \_\_\_\_\_ Credit Card # \_\_\_\_\_

Credit Card Expiration: \_\_\_\_\_ Credit Card CSV Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

This authority is to remain in full force and effect until Charlotte Street Animal Hospital has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Charlotte Street Animal Hospital a reasonable opportunity to act on it.

Name(s): \_\_\_\_\_

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

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

\_\_\_\_\_  
(initial)