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Wellness 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 Wellness Plan covers all the services listed as selected 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 non-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 Wellness Plan is not intended to cover unexpected illness or injury. It is not pet insurance. The Wellness Plan, or Wellness Package, is intended to help make routine health care convenient and affordable.

Transferability

This agreement is not transferable 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 therein.

(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 Wellness 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 enrollment 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.

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 Wellness Plan Contract is true and correct and the person names 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 this venue are hereby waived by the Client-Subscriber by the execution of this Wellness Plan Contract.

This Contract includes all the terms of the Wellness Plan unless additions or changes are made in writing.

_____, Date: _____
Subscriber or Agent of the Subscriber

_____, Date: _____
Charlotte Street Animal Hospital Representative

CSAH Wellness Plan Options

Select and initial 1 plan per Contract/Patient.

_____ **Canine Wellness Plan Level 1** **\$50/month**
(initial) *2 semi-annual exams with recommended
core vaccines and blood pressure checks
*Annual parasite screen
*Wellness bloodwork
*Year-round heartworm prevention

_____ **Canine Wellness Plan Level 2** **\$74/month**
(initial) *2 semi-annual exams with recommended
core vaccines and blood pressure checks
*Annual parasite screen
*Wellness bloodwork
*Year-round heartworm prevention
*Year-round flea and tick prevention

_____ **Feline Wellness Plan Level 1** **\$37/month**
(initial) *2 semi-annual exams with recommended
core vaccines and blood pressure checks
*Annual intestinal parasite screen
*Wellness bloodwork

_____ **Feline Wellness Plan Level 2** **\$57/month**
(initial) *2 semi-annual exams with recommended
core vaccines and blood pressure checks
*Annual intestinal parasite screen
*Wellness bloodwork
*Year-round parasite prevention

In addition to the items listed within your selected package, you will also receive the following services for the duration of your plan:

- *25% off any other exam (illness or emergency)
- *10% discount off all other services and products (except food)
- *Two complimentary nail trims and/or anal gland expressions