

First Equine 2019 Wellness Plan Enrollment Form



Services Provided:

Spring	Fall
Physical Exam	Physical Exam
Coggins	Dental Exam/Powerfloat w/sedation
Fecal EPG	Fecal EPG
EWT/Flu/Rhino Vaccine	EWT/Flu/Rhino Vaccine
West Nile Vaccine	Rabies Vaccine
Lameness Screening	Sheath/Udder Cleaning
Farm Call within 40 mile radius	Farm Call within 40 mile radius
50% off Services on 1 After Hours Emergency Call	1 Health Certificate

Owner: _____ Phone: _____

Email: _____ Enrollment date: _____

Address: _____

Horse(s) Name (use back if needed): _____

Age: _____ Breed: _____ Sex: _____

Payment options (Please circle one):

Annual: \$500/horse Semi-annual: \$250/horse Monthly: \$42/horse-card must be kept on file

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Please read the following regarding our wellness plan:

*If electing to do monthly payments, the first payment is due on day of service. A monthly charge of \$42/horse will be applied the 1st of every month for 11 consecutive months after the first payment. **If the card is declined on more than one occasion, a \$20 reprocessing fee will be applied each month payment not received.**

*I understand that I am responsible for all payments on the wellness plan and if payments are not received, veterinary services will not be rendered. First Equine holds to the right to refuse these veterinary services.

*For any horse that is sold or deceased, payment will be continued on a monthly basis or paid in full at once to equal that of services previously provided. If the payment made is greater than services rendered by First Equine, a prorated refund will be returned to the above client.

*Horses enrolled in the wellness plan will receive 50% off of farm call and services on **ONE** after hours emergency, if emergency is within 365 days of the enrollment date. Medications are **not** included.

By signing this document, I have read and understand the above stipulations.

Signature _____ Date _____