

Peak Performance Wellness Plan Enrollment Form



Services Provided:

| Spring | Fall |
|--|---------------------------------|
| Coggins | Dental Exam/Powerfloat/Sedation |
| Physical Exam | Physical Exam |
| Fecal EPG | Fecal EPG |
| EWT/Flu/Rhino Vaccine | EWT/Flu/Rhino Vaccine |
| West Nile Vaccine | Sheath Cleaning |
| Lameness Screening | Rabies Vaccine |
| 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: _____

Address: _____

Horse Name: _____

Age: _____ Breed: _____ Sex: _____

*Payment options: annual: \$500/horse, semiannual: \$250/horse, monthly: \$42/horse.

*Payment: A monthly charge of \$42/horse will be applied the 1st of the month for 12 consecutive months. If credit card is declined on >1 occasion a \$20 reprocessing fee will be applied.

*If horses are sold or deceased payment can be continued on a monthly basis or paid at one time to equal that of services provided. If payment is greater than services rendered by First Equine a prorated refund will be returned.

*I understand that I am responsible for all payments on the wellness plan and if payment is not received, veterinary services will not be rendered.

Signature _____ Date _____