

First Equine 2024 Wellness Plan Enrollment Form



Services Provided:

- Farm Call (within 45 mile radius)
- Physical Exam (2)
- Coggins
- Fecal EPG (2)
- Core/EWT Vaccine
- Flu/Rhino Vaccine (2)
- Dental Exam/Power Float with sedation
- Sheath/Udder Cleaning
- Lameness Screening
- 1 Health Certificate*
- **50% off Services on 1 After Hours Emergency Call**

Owner: _____ Phone: _____

Email: _____ Enrollment Date: _____

Address: _____

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

Age: _____ Breed: _____ Sex: _____ Color: _____

Payment Options (please circle one):

Annual: \$550/horse Semiannual: \$275/horse Monthly: \$47.20/horse (card must be kept on file)

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 \$47.20/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 is not received.**

*I understand that I am responsible for all payments on the Wellness Plan and if payments are not received, First Equine holds the right to refuse veterinary services. Services cannot be divided among horses, nor will any services be substituted.

*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 for that horse. If the payments already made are greater than the services rendered by First Equine, a prorated refund will be returned to the above client.

*Services not completed within the 12 month period do not roll over. All services will be provided within the two Wellness Plan visits.

*Horses enrolled in the Wellness Plan will receive 50% off of farm call and services on **ONE** emergency visit if the emergency is within 365 days of the enrollment date. Medications are **not included** in the discount. Please note horses must be seen within 30 days to issue a Health Certificate. Additional visits, if necessary, are not included in the Wellness Plan.

*Horses outside of our 45 mile radius will be required to pay additional farm call charges.

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

Signature: _____ Date: _____