



Feline Healthy Paws Club Annual Enrollment Form

Client: _____ Client ID: _____ Enrollment Date: _____

Pet Name: _____ Patient ID: _____

Services Provided	Essential	Optimal
Unlimited Exams	*	*
Health Check Profile & Screenings		
Bloodwork - Infections, Anemia, Leukemia, Platelet Count	*	*
Diabetes	*	*
Kidney, Liver and Urinary Tract Diseases	*	*
Thyroid		*
Doctor Recommended & Lifestyle Vaccines		
Rabies, Feline Leukemia, FVRCP	*	*
Others specific to your pet's lifestyle	*	*
Intestinal Parasite Screen	*	*
Heartworm Test	*	*
Deworming (2 per year)	*	*
Unlimited Nail Trims	*	*
Professional Dental Cleaning, Scaling & Polishing		*
Discount on All Other Services & Products	5%	10%
Revolution - Flea, ear mite and heartworm prevention (<i>Optional add</i>)	\$19.95/month	\$19.95/month
Your Investment (PLEASE CHECK ONE)	\$240 \$19.95/month <input type="checkbox"/>	\$360 \$29.95/month <input type="checkbox"/>
	\$479.40 \$39.90/month with Revolution <input type="checkbox"/>	\$579.40 \$49.90/month with Revolution <input type="checkbox"/>

I, _____ (*print full name*), have enrolled my pet _____ into Oak View Animal Hospital's (OVAH) Healthy Paws Club Plan (minimum 12-month commitment). I understand that OVAH will charge the account listed below a non-refundable enrollment fee of \$39.95 and a non-refundable monthly payment of \$_____ until the end of the one-year enrollment period. **If the plan is paid in full at time of contract, the enrollment fee will be waived.** The Plan will automatically renew annually unless Client notifies OVAH in writing prior to the expiration of the initial or renewal term, of its intent to cancel future Healthy Paws Club Plan benefits.

If payment on credit card is declined, OVAH will notify me. Declined payments will result in a \$25 finance charge (per failed transaction) in addition to original payment due. (*Initial here*____) I understand I am responsible for notifying OVAH of any changes to my payment information that would interfere with payment processing. If payment for a failed transaction is not made within a 5-day period of notification, OVAH may revoke my membership and rescind all discounts given. Client agrees to submit full listed price for the services given up to the date of the declined payment. (*Initial here*____) Membership is non-transferable to other clients or pets. (*Initial here*____) The OVAH Healthy Paws Club Plan is not pet insurance. (*Initial here*____) Refunds will not be given on unused services. (*Initial here*____) If I cancel this contract, the remainder of the balance must be paid in full. Payment will be due in full for any other services not included in this plan.

I understand and agree to all aspects of this membership.

_____ (Signature)



Feline Healthy Paws Club Enrollment Form

Payment Information:

Feline Healthy Paws Club Plan Selected: _____

Optional Revolution Add-on: Yes No

Monthly Payment \$ _____ Full Payment \$ _____

Driver's License #: _____

Credit Card (Circle): Visa MasterCard Discover AmEx

Name on card: _____ Security Code: _____

Number: _____ Expiration: ____/____

Email: _____

Monthly payment plans will be deducted from account every 30 days from enrollment date.

Card Holder Signature

Date