



## Feline Healthy Paws Club Annual Enrollment Form

Client: \_\_\_\_\_ Client ID: \_\_\_\_\_ Enrollment Date: \_\_\_\_\_

Pet Name: \_\_\_\_\_ Patient ID: \_\_\_\_\_

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

I, \_\_\_\_\_ (print full name), have enrolled my pet \_\_\_\_\_ into Patton Chapel Animal Clinic's (PCAC) Healthy Paws Club Plan (minimum 12-month commitment). I understand that PCAC 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 PCAC 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, PCAC 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 PCAC 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, PCAC 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 PCAC 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