



Canine Healthy Paws Club Annual Enrollment Form

Client: _____ Client ID: _____ Enrollment Date: _____

Dog Name: _____ Patient ID: _____

Services Provided	Essential	Progressive	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, Distemper, Parvo, Leptospirosis, Bordetella	*	*	*
Others specific to your pet's lifestyle - ex: Lyme disease for outdoor dogs	*	*	*
Intestinal Parasite Screen	*	*	*
Heartworm Test	*	*	*
Professional Dental Cleaning, Scaling & Polishing		*	*
Abdominal and Thoracic Radiographic Surveys (5 x-rays)			*
Discount on All Other Services & Products		5%	10%
Your Investment	\$305 year	\$495 year	\$640 year
(PLEASE CHECK ONE)	\$25/month	\$41/month	\$53/month
	<input type="checkbox"/>	<input type="checkbox"/>	<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)



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Payment Information:

Canine Healthy Paws Club Plan Selected: _____

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