



## HCO PET HOSPITAL **LOVE YOUR PET** WELLPLAN

Any services included in the plan that are not used in the during the agreement are not transferable and are non-refundable. **The contract is effective on the day it is completed. Any veterinary services performed before this date are not relevant to this plan.**

I understand the services included in the chosen LOVE YOUR PET WellPlan.

### **Plan Payment:**

Payment in Full or Automatic Monthly Charge to Credit Card

Plan Prices: Dog See below Pricing Guide Cat See below Pricing Guide

\$45 Initiation Fee

\$15 Annual Maintenance Fee

\$56.50 Annual Postage Fee (*Optional to have Preventative Mailed Monthly. 13% saving over month to month mailing request*)

### **HCO PET HOSPITAL CREDIT CARD AUTHORIZATION**

If the WellPlan is not paid in full at time of enrollment I authorize HCO PET HOSPITAL to charge my credit card stored in their system every month for the payment of my LOVE YOUR PET WellPlan until cancellation pursuant to the cancellation terms below.

Two forms of payment are required at the time of enrollment, a primary payment option and a secondary payment option in case there is a failure with the primary option. If owner does not two forms of payment and only has one, three, 2, months wellness plan premium will be required at the time enrollment and one of those payments will be held as a “security deposit” on the account for 11 months and used as the final payment of the plan year. At the time of plan initiation, we will run both cards for a \$1 fee to validate the card. We will issue the account a \$2.00 credit.

I authorize the HCO PET HOSPITAL to charge the credit card indicated according to the terms outlined above. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date.

This payment authorization is for the WellPlan selected during electronic enrollment. I certify that I am an authorized user of this credit card and that I will not dispute the scheduled payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form. Payments will be deducted from my credit card on the date I selected on the application/registration form. If the date selected occurs on a non-clinic work day, the payment will be deducted from my credit card on the next business day/work day for the clinic.

In the event of a failed or declined payment, I authorize HCO PET HOSPITAL to reattempt to process the payment from my account or credit card at their discretion.



HCO PET HOSPITAL reserves the right to add an overdraft/reprocessing fee of \$36.00 to client for insufficient funds, over limit status or any other reason a payment is unable to be processed based on the account information provided by the client.

### **General Terms of Use:**

1. This agreement and the services provided under it are not transferable to another pet or assignable to another person. This agreement applies only to the pet designated above while owned by the person(s) indicated above.
2. **Any services included in the plan that are not used within the twelve (12) month period are not transferable to the next year and are non-refundable.**
3. Client must be at least eighteen (18) years of age.
4. Wellness Plans are not insurance.
5. Fees for services and medications must be paid in full at the time the services are rendered.
6. Monthly Preventative must be pick up by owner or owner representative. Owner may request to have preventative mailed to the address on record for a postage as outlined on the application.
7. All preventative that is not pick-up or mailed with paid postage arrangements will be forfeited.

### **Autorenewal and Autoescalation:**

This agreement will automatically renew annually unless notice of cancellation is given as provided below. If the price of the plan increases during autorenewal you are authorizing the increase. You understand that HCO Pet Hospital will notify you via email that is on file of all increase no less than 15 days prior to the increase. You are responsible for reading and understanding the renewal updates and price increases.

### **Exclusions:**

The following items and services are not included in this Agreement:

1. Services including office visits and consultations rendered by specialists to whom the Pet is referred by HCO PET HOSPITAL
2. Services recommended as a result of injury or illness
3. Services at any institution, clinic or hospital other than HCO PET HOSPITAL



### **Default:**

1. In the event the client's payment fails, HCO PET HOSPITAL will discontinue all services of any kind (services included and not included in WellPlan) until payment of outstanding payment is complete. No medical records will be released to client until unpaid balances are rendered in full.
2. In the event the client fails to complete a monthly installment payment within sixty (60) days of its due date, HCO PET HOSPITAL has the option to immediately cancel this Agreement, discontinue Plan services and declare all services rendered to date be paid in full at retail price.
3. After an account is delinquent for sixty (60) days, the client's account may be referred to a third party collection agency and the Wellness Plan will not be eligible for reinstatement. Collection activity may negatively impact the client's Credit Bureau information and is subject to additional collection fees.
4. All preventative that is not redeemed during the default period is will be forfeited.

### **Cancellation:**

1. Either client or HCO PET HOSPITAL may cancel this Agreement at any time, but there may be monies due upon cancellation.

**Cancellation by Client three (3) business days:** If Client cancels this Agreement for any reason within three (3) clinic working days of enrollment the membership fee and any other fees paid are refundable less the undiscounted retail value of any and all services provided.

**Cancellation by Client after three (3) business days:** If Client cancels for any reason (including, but not limited to death or loss of Pet or transfer of ownership before or after HCO PET HOSPITAL has rendered services, the enrollment fee is non-refundable. HCO PET HOSPITAL will also be entitled to retain or recover from Client all monthly installments that have previously been paid or become due, including the installment for the month in which cancellation occurs, regardless of the cancellation request date. In addition, upon cancellation prior to the end of the Plan Year, if the total undiscounted retail value of Plan services provided exceeds the sum of monthly installments collected for that Plan Year. Member shall be obligated to do the least costly of the following:

1. Immediately pay full retail fees for all services provided (will all discounts reversed as if Plan had not been in effect for the Plan Year) less the total or monthly payments received by HCO PET HOSPITAL for the Plan Year: OR
  2. Immediately pay the total remaining Plan Year monthly installments, in full.
- Cancellation by HCO PET HOSPITAL : HCO PET HOSPITAL reserves the right to cancel the Plan at any time and for any reason.



**Plan Price and Service Changes:**

HCO PET HOSPITAL reserves the right to adjust monthly fees, services and the terms and conditions of this Agreement at any time. HCO PET HOSPITAL will give Client notice of any such changes no less than thirty (30) days prior to the date they are to become effective.

By signing, you have read and are in agreement with all the terms and conditions listed in this document.

\_\_\_\_\_

Client Name (Printed)

\_\_\_\_\_

Client Signature

\_\_\_\_\_

Date