



LOVE YOUR PET WellPlan

Personal Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Home Phone: _____ Alternate Phone: _____

Email _____

SSN _____

Birth Date: _____ Driver's License # _____

Driver's Lic exp Date: _____ Driver's Lic State: _____

Pet Information

Pet Name: _____ Pet Breed: _____

Pet Age: _____ Pet Color: _____

Pet Name: _____ Pet Breed: _____

Pet Age: _____ Pet Color: _____

Pet Name: _____ Pet Breed: _____

Pet Age: _____ Pet Color: _____

Payment Information

Primary Credit Card: _____ Exp. Date _____
CVC _____
Zip Code _____

Secondary Credit Card _____ Exp. Date _____
CVC _____
Zip Code _____

Deduction Date (Select One) _____ 15th _____ 30th of each month

CANINE

Select the plans and upgrades desired

Dog Basic Plan

_____ **LOVE YOUR PET (Dog/Puppy)**

Pet Name 1 _____

Pet Name 2 _____

Pet Name 3 _____

Upgrade Options

_____ **Dental**

Pet Name 1 _____

Pet Name 2 _____

Pet Name 3 _____

_____ **Spay/Neuter**

Pet Name 1 _____

Pet Name 2 _____

Pet Name 3 _____

Preventative Mail Options

Monthly Preventative Auto-Shipment Program

**Annual Preventative Mailed for up to 2 pets
See Terms and Conditions or Website for Pricing**

NOTE: You may have your monthly preventative mailed each month and pay monthly. You will be required to call or email the office and request your preventative mailed.

By signing this form, you are also signing agreement to the terms and conditions.

Client Signature

Date

FELINE

Select the plans and upgrades desired

CAT Basic

_____ **LOVE YOUR PET (Cat/Kitten)**

Pet Name 1 _____

Pet Name 2 _____

Pet Name 3 _____

Upgrade Options

_____ **Dental**

Pet Name 1 _____

Pet Name 2 _____

Pet Name 3 _____

_____ **Spay/Neuter**

Pet Name 1 _____

Pet Name 2 _____

Pet Name 3 _____

_____ **Declaw (front only)**

Pet Name 1 _____

Pet Name 2 _____

Pet Name 3 _____

Preventative Mail Options

Monthly Preventative Auto-Shipment Program

Annual Preventative Mailed

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