



Equine Preventative Care Plan Agreement

Member Name:		Horse Name:	
Mailing Address:		Breed:	
City/State/Zip:		Sex:	
Phone:		Age/DOB:	
Email:		Colors/Markings:	
Start Date:		Stabled at:	

Payment Plans:

			For Office Use:			
			A+	SQ	XLS	Scan/Email
Option 1: Monthly Payment	Automatic charge to credit card on file for 12 months	<input type="checkbox"/> \$35				
	Total Due at: <input type="checkbox"/> Enrollment <input type="checkbox"/> Renewal	<input type="checkbox"/> \$180				
Option 2: Pay in Full	\$180 annual enrollment/renewal plus \$35 x 12 months	<input type="checkbox"/> \$600				

Services Provided in Plan:

Frequency:

Comprehensive Physical Examination	Twice yearly
Intestinal parasite screen (fecal egg count)	Twice yearly
Intestinal parasite treatment (deworming)	Once yearly
Routine Immunizations*: -West Nile Virus, Sleeping Sickness (EEE, WEE), Tetanus -Equine Influenza Virus, Equine Herpes Virus (Type-1, -4) -Rabies Virus -Strep Equi (Strangles)	Twice yearly
Dental Float: Comprehensive Oral Examination Sedation and pain medications Motorized, non-invasive odontoplasty (floating)	Once yearly
Tele-Medicine Consultations†	Unlimited

*Your veterinarian will determine and recommend which vaccines and frequency that is appropriate for your horse

† Tele-Medicine consultations are limited to those conditions that can be diagnosed or managed remotely.



Terms and conditions:

I. General Terms of Use

- A. The Agreement is not an insurance policy.
- B. The Agreement is valid only for the listed Horse and Member and is non-transferrable.
- C. The Agreement covers only the services listed above.
- D. All other services or inventory provided outside of the above listed services must be paid in full at the time the services or inventories are rendered.

II. Service Provider

- A. Services are to be rendered solely by the agents, employees, or representatives of NVA Clover Valley Veterinary Services.

III. Term of Agreement

- A. Agreement is set for 12 months based on the start date on this Agreement.
- B. Services do not carry over from year to year.

IV. Payments

- A. Monthly payment installments (for "Option 1: Monthly Payment Plan") will be charged to the Member credit card on the 2nd day of each month.
- B. There will be a \$40 fee assessed for any declined cards or over-drafts.
- C. Member is responsible for providing updated payment information to NVA Clover Valley Veterinary Services.

V. Automatic Renewal

- A. Agreement will automatically renew on anniversary of start date.
- B. There is an annual enrollment fee of \$180 due at the start of each Agreement year.
- C. Annual enrollment fee will be automatically charged to the Member credit card.

VI. Cancellation/Refund Policy

- A. Member can cancel within 10 days of the contract signing date for full refund of all fees less the retail (non-discounted) value of services redeemed thus far.
- B. Member can cancel at any time after 10 days of contract signing BUT the remaining monies due to the contract must be PAID IN FULL at the time of cancellation, whether or not services have been performed.
- C. NVA Clover Valley Veterinary Services reserves the right to cancel plans at any time and for any reason; CVVS will waive all future payments under the plan contract and release the Member from the contract in-full.

VII. Changes to Plans or Pricing

- A. CVVS has right to change services and/or fees upon renewal, but must notify Member 30 days prior to renewal date if changes will be made.

VIII. Default/Collections Policy/Collections Fees

- A. Agreement is considered void and all fees are due and payable after 45-days of default.
- B. Member account will be referred to a collection agency after 60-days of default.
- C. All collection costs and legal fees shall be paid by the Member.

Agreement & Authorization

By signing below, I agree to the terms and conditions of this Agreement and authorize NVA Clover Valley Veterinary Services to debit/charge all monthly program fees (including the annual enrollment fee) to the account we have provided. I further agree to provide NVA Clover Valley Veterinary Services with updated credit card information at least 30 days prior to the expiration date of the card being charged.

Member Signature

Member Printed Name

Date



Credit Card Authorization Form

PLEASE PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN TO US
All information will remain confidential.

Cardholder Name: _____

Billing Address: _____

City, ST, Zip: _____

Credit card type: _____ Visa _____ MC _____ Discover _____ AmEX

Credit card number: _____ EXP date: _____

Card identification number (3 digit code on back of card): _____

Amount to charge (one-time charge): \$ _____

Amount to charge (recurring charge): \$ _____

I authorize NVA Clover Valley Vet to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Please print name, sign, and date:

Print Name: _____

Signature: _____

Date: _____

Please return completed form to:

**NVA Clover Valley Vet
3805 SE Donato Lane
Port Orchard, WA 98367**