

Animal Hospital of Chetek
Healthy Pet Program Contract

1. The Animal Hospital of Chetek is proud to offer your pet membership in our Healthy Pet Program. By signing below you are authorizing the Animal Hospital of Chetek to provide your pet with premium veterinary care for one low monthly price.
2. All small animal pets are eligible for enrollment in the Healthy Pet Program regardless of age, size, or pre-existing condition.
3. **DO NOT Confuse the Healthy Pet Program with pet health insurance.** The Healthy Pet Program is NOT pet health insurance. The Healthy Pet Program is a bundled package of services and discounts that your pet will use during a 12 month period. While all Healthy Pet Programs offer unlimited exams, and many Healthy Pet Programs offer a discounted rate on many services and products, NO Healthy Pet Program offers free services outside of those clearly stated in the Healthy Pet Program.
4. By checking one of the boxes and signing below you are stating that you have read and understand all information regarding the Healthy Pet Program you are selecting.

Please write down the number of Healthy Pet Programs you are purchasing:

- | | |
|--|--|
| <input type="checkbox"/> Canine Basic \$18.49/month | <input type="checkbox"/> Feline Basic \$12.00/month |
| <input type="checkbox"/> Canine Gold \$26.49/month | <input type="checkbox"/> Feline Gold \$25.49/month |
| <input type="checkbox"/> Canine Platinum \$39.49/month | <input type="checkbox"/> Feline Platinum \$ 38.49/month |
| <input type="checkbox"/> Basic Puppy \$22.99/month | <input type="checkbox"/> Basic Kitten \$19.49/month |
| <input type="checkbox"/> Puppy with neuter \$32.49/month | <input type="checkbox"/> Kitten with neuter \$24.49/month |
| <input type="checkbox"/> Puppy with spay \$36.49/month | <input type="checkbox"/> Kitten with spay \$29.99/month |
| | <input type="checkbox"/> Kitten with spay/neuter plus Declaw \$37.49/month |
- Microchip addition for spay/neuter program \$2.60/month
 Microchip addition for any other program \$3.40/month
 Preanesthetic bloodwork in addition to any puppy/kitten program with a surgery \$5.00/month
Paid in full at time of enrollment ____waive enrollment cost OR ____ 5% off total cost of program.

5. A one-time enrollment cost of \$19.95 and the 1st month's bill must be paid in full at the time of signing this contract. Additional pets from the same family will be charged a one-time enrollment of \$10.00 for the next three pets. Families enrolling more than 4 pets will not be charged additional enrollments fees after the 4th pet.
6. Healthy Pet Programs are not transferable between pets.
7. If a pet is currently enrolled and the pet finds a new owner, the Healthy Pet Program may be transferred to the new owner for a one time \$20.00 transfer fee.
8. Healthy Pet Programs may be paid in full at the time of enrollment or they may be paid monthly via direct debit from a checking or savings account. Monthly credit card billing is not available at this time.
9. A voided check will be required to initiate monthly payment plans.

10. The services and discounts contained of the Healthy Pet Program are good for 12 months. The 12 month period will end on the day before the contract was signed the following year. I.E. Contracts signed on June 15, 2025 will expire on June 14, 2026.

11. If a 12 month payment period is selected, the last monthly charge will occur in the month prior to the date the contract was signed. I.E. contracts signed in June 2026 will receive final debiting in May 2026.

12. If a 12 month payment period is selected, the first direct debit will occur on the 1st business day of the month following the month the contract is signed, unless a different day is selected by the client. If the contract is signed towards the end of a month, the first direct debit may occur 3-5 days after the first business day of the month.

13. Services and discounts not used within the 12 month contract period will not be reimbursed. While the Animal Hospital of Chetek will continue to send vaccination and routine care reminders, it is the responsibility of the pet owner to make sure appointments for those services are scheduled within the 12 month period.

14. Cancellation Policy:

If this agreement is cancelled before the end of its term (for any reason, including the loss of a pet), you are responsible for the remaining payments on the plan or the full retail value for services and/or discounts used under the plan less payments received (whichever is less). Either the Animal Hospital of Chetek or you may cancel this agreement at any time. If you cancel for any reason (including but not limited to death or disposal of your pet), whether before or after the Animal Hospital of Chetek has rendered services, the Animal Hospital of Chetek shall be entitled to retain the entire enrollment fee. The Animal Hospital of Chetek shall also be entitled to retain or recover from you all monthly installments that have become due, including the installment for the month in which cancellation occurs. If the total amount of services rendered by the Animal Hospital of Chetek prior to cancellation, (valued at the Animal Hospital of Chetek's full retail prices) exceed the sum of monthly Installments retained or recovered by the Animal Hospital of Chetek, you shall be obligated to do one of the following, as selected by you: (a) immediately pay for services in excess of the payments received; or (b) immediately pay in full the remaining monthly installments for the remainder of the Healthy Pet Program term year in effect; or (c) continue making all of the remaining installments for the term in effect as such installments come due. If you have paid the full annual fee in advance, upon cancellation by you, the Animal Hospital of Chetek will refund the monthly installments for the remaining months after the month in which cancellation occurs, less the excess, if any, of the services rendered by Animal Hospital of Chetek before cancellation, valued at the Animal Hospital of Chetek's full retail prices, less the total amount of monthly installments that you would have been required to pay through the month in which cancellation occurs. If you perform all of your obligations and the Animal Hospital of Chetek cancels the agreement, all monthly or annual fees you have paid for the current term year will be refunded in full, less the Animal Hospital of Chetek's full retail charges for any services rendered before cancellation. In no other cases will any amount paid by you be refunded upon cancellation. Discounts associated with the Healthy Pet Program will be added back to your account and will be paid by you, in full, prior to termination of the contract.

15. Failure to pay for services rendered and discounts given associated with the Healthy Pet Program prior to cancellation of this contract within 30 days of cancellation will result in your account being turned over to a collection agency, and you will be responsible for any and all collection fees that may apply as well as your outstanding debt owed to the Animal Hospital of Chetek.

16. If your pet should fall ill and specific diagnostics are recommended you may use the screening diagnostic(s) in your pet's Healthy Pet Program at no additional charge provided:
 - A. The recommended screening diagnostic(s) have not been used over their allotted number of uses during the 12 month Healthy Pet Program period; and
 - B. The screening diagnostic(s) is/are the same diagnostic(s) as the diagnostic recommended.
17. If additional diagnostic(s) are recommended and your pet has already used the number of those diagnostic(s) allotted under their Healthy Pet Program, then normal charges will apply. A discount on those diagnostic(s) will be given based on the Healthy Pet Program selected.
18. Please note that certain services and diagnostics must be run together. All diagnostics that must be run concurrently will be counted as used even if only one of those diagnostics was recommended.
19. Diagnostics and services that must be used concurrently are:
 - A. Canine Heartworm test; Lyme disease, Ehrlichia, and Anaplasmosis testing.
 - B. Feline Heartworm test; Feline Leukemia and Feline Infectious Virus testing.
 - C. Complete blood count; White blood cell differential.
 - D. Liver panel, glucose check, kidney panel, and electrolyte analysis.
 - E. Urine analysis, urine specific gravity, urine sediment exam.
 - G. Thoracic radiographs, Abdominal radiographs.
 - H. Distemper, Hepatitis, Parainfluenza, and Parvovirus vaccinations (dogs only).
 - I. Feline Herpes Virus, Feline Calicivirus, Feline Panleukopenia Virus (cats only).
20. Unlimited exams are subject to appointment availability during our normal business hours. Emergencies and sick pets will always be given appointment priority.
21. After-hours emergency exams will not be free of charge with any of the Healthy Pet Programs.
22. After-hours emergency exams will be discounted according to the Healthy Pet Program selected.
23. Home visit exams will not be free of charge with any of the Healthy Pet Programs.
24. Drop-off appointments are available and encouraged for the recommended twice yearly healthy pet exams.
25. Healthy Pet Programs may not be upgraded or downgraded during the 12 month program period.

26. By signing below, I acknowledge that I have read and fully understand this Healthy Pet Program Contract and I am accepting responsibility to make all payments pursuant to this Contract.

Name (Please Print)_____

Owner Signature_____

Spouse/Co-owner name (please print)_____

Spouse/Co-owner signature_____

Date_____

27. Client Information

Your Name_____ Spouse/Co-owner_____

Address_____ City_____ State_____ Zip_____

Phone#_____ Other/work phone #_____

Email_____ SS or Driver License # _____

DOB_____/_____/_____

Place of employment_____ City of Employment_____

28. Spouse/Co-owner information: (leave blank if no spouse/Co-owner)

Place of Employment_____ City of Employment_____

DOB_____/_____/_____ SS or Driver License # _____

29. Pet Information (only for pet's being placed on the Healthy Pet Program)

Pet one: Pet's Name_____ Breed_____

Age_____ or DOB_____/_____/_____ Male Neutered Female Spayed

Previous Veterinarian/City & State_____

Pet two: Pet's Name_____ Breed_____

Age_____ or DOB_____/_____/_____ Male Neutered Female Spayed

DIRECT DEBIT REQUEST

PAYMENT DETAILS

This authority allows the debiting of amounts payable by the Customer under the Agreement between the Customer and The Animal Hospital of Chetek.

CUSTOMER AUTHORIZATION

(If the account is in joint names, signatures of both account holders are required)

CUSTOMER’S AUTHORITY

I _____: authorize and request The Animal Hospital of Chetek until further notice in writing, to arrange for funds to be debited through USBANK’s Single Point Essentials from my/our account at the Financial Institution identified below as instructed by me/us or any other amounts as instructed or authorized to be debited in accordance with the terms and conditions of the Direct Debit Request Service Agreement (DDRSA) as amended from time to time. By completing the authorization below, I/we acknowledge that this Direct Debit arrangement is governed by the terms of Authorization the Direct Debit Request Service Agreement (DDRSA) attached to this request. I/We also authorize The Animal Hospital of Chetek to verify (if need be) the details of the account with my/our Financial Institution mentioned above and for that Financial Institution to release information to The Animal Hospital of Chetek in order to allow it to verify the above account details. Please read Direct Debit Request Service Agreement (DDRSA) on the following page.

ACCOUNT INFORMATION:

- 1. Name of Account Holder(s)
Please Print Your Name(s) in Full _____
- 2. Name of the Financial Institution _____
- 3. Savings/Checking Account Number _____
- 4. Routing number _____

Debit my account \$ _____ on the _____ of each month, or next available business day.

Note: Direct debiting is not available on the full range of accounts. If in doubt, please refer to your bank/financial institution.

By checking the checkbox, I/We acknowledge that I/We have read and understood the Direct Debit Request Service Agreement.

Signature(s) _____ Date _____

Direct Debit Request
SERVICE AGREEMENT

By signing the Direct Debit Request, you authorize us to arrange for funds to be debited from your Account in accordance with the Agreement.

1. Definitions. Unless otherwise defined, a term defined in the Agreement has the same meaning when used in this direct debit request service agreement (DDRSA).
 - A. Account means the account nominated in the Direct Debit Request, held at your Financial Institution from which we are authorized to arrange for funds to be debited.
 - B. Agreement means the Terms and Conditions including the schedules to those Terms and Conditions, as amended from time to time.
 - C. Direct Debit Request means the Direct Debit Request between us and you as amended from time to time.
 - D. Financial Institution is the financial institution where you hold the account nominated in your Direct Debit Request as the account from which we are authorized to arrange for funds to be debited.
 - E. We means the Animal Hospital of Chetek
 - F. You means the Customer/s who signed the Direct Debit Request.
2. Monthly Direct Debit payments will be deducted on the 1st of each month, unless another date is chosen by you. If the due date for payment falls on a day other than a Banking Business Day, the payment will be processed on the next Banking Business Day. If you are uncertain when the payment will be debited from your Account, please check with your Financial Institution.
3. You must notify the Animal Hospital of Chetek within 14 days prior to the next scheduled direct debit of any changes in your account information.
4. You should be aware that the enrollment period is one year (12 months) and you will be liable for one period's fees regardless of the date of notification to the Animal Hospital of Chetek to cancel your enrollment and direct debit authorization. **Your enrollment will NOT be automatically renewed. We will contact you one month prior to the expiration of your enrollment for authorization to continue your enrollment.**
5. All customer records and account details will be kept private and confidential to be disclosed only at your request or at the request of the Financial Institution in connection with a claim made to correct/investigate an alleged wrongful debit or otherwise as required by law.
6. You should be aware that:(a) direct debiting through the USBANK's Single Point Essentials is not available on all accounts; and(b) You should check your Account details directly against a recent statement from your Financial Institution. If you are in any doubt, please check with your Financial Institution before completing the drawing authority.
7. You may contact the Animal Hospital of Chetek anytime during the enrollment period and request an Enrollment renewal for the following period. Enrollment charges will be waived for all renewals made within the 12 month enrollment period.

8. A. For all matters relating to the Direct Debit Request, including cancellation, alteration or suspension of drawing arrangements or to stop or defer a payment, or to investigate or dispute a previous payment, you should contact:

Animal Hospital of Chetek, 941 24 ½ street, Chetek, WI, 54728

Email: ahc@citizens-tel.net

Phone: 715-859-6650

Fax: 888-797-0072

B. If our investigations show that your Account has been incorrectly debited, we will arrange for the Financial Institution to adjust your account accordingly. We will also notify you in writing of the amount by which your account has been adjusted. If our investigations show that your account has been correctly debited, we will respond to your query by providing you with reasons and copies of any evidence for this ending. If we cannot resolve the matter, you can still refer it to your Financial Institution, which will obtain details from you of the disputed payment and may lodge a claim on your behalf.

9. The Animal Hospital of Chetek will advise you 30 days in advance of any changes to the Direct Debit Request.

10. It is your responsibility to ensure that:(a) sufficient cleared funds are in the account when the payments are to be drawn; (b) the authorization to debit the account is in the same name as the account signing instruction held by the Financial Institution where the account is held; (c) suitable arrangements are made if the direct debit is cancelled: by yourself; by your Financial Institution; or for any other reason.

11. For returned unpaid transactions, the following procedures or policies will apply:(a) we treat the payment as if it was never made;(b) services may be suspended until the outstanding charges are paid; and/or(c) A \$45 dishonor fee will be applied for drawings that are returned unpaid.

12. We reserve the right to cancel the Direct Debit Request at any time if drawings are returned unpaid by your Financial Institution.

13. If we cancel your Direct Debit Request, all services (excluding exams) and discounts given that have provided in connection with the Healthy Pet Program must be paid in full within 30 days of cancellation. If we are not paid in full within 30 days, we will turn your outstanding debt over to a collection agency and you will be responsible for any and all collection fees that may apply as well as your outstanding debt owed to the Animal Hospital of Chetek.