

# CANINE PREVENTIVE CARE PLAN AGREEMENT

TERMS OF AGREEMENT: This agreement is not transferable and applies only to the patient designated below, while owned by the signer.  
This plan only includes services and products listed in the provided list of plan services.  
**This plan does not take the place of pet insurance.**  
**This plan is NOT pet insurance!**

Plans will be paid automatically through monthly deductions from your checking account:

- Any payment declined by the bank will incur a \$25 insufficient funds fee
- The bank will automatically try to withdraw total amount owed 7 days after the payment was declined
- If total amount owed has not been collected by the time the next payment is due, your plan will be cancelled and all services used at that time will revert to full retail price
- Failure to pay all monies due will result in your account being sent to collections

Renewal:

- You will be notified 30 days prior to the end of your contract
- Renewal fee is \$25
- If you are more than 30 days in renewing, a new contract will be initiated with the \$59 enrollment fee

Gentle Touch Animal Hospital reserves the right to cancel your contract at any time.  
Gentle Touch Animal Hospital reserves the right to adjust fees at the time of renewal.

This contract is binding unless Gentle Touch Animal Hospital cancels it. At that time, if less services than monies paid have been used, Gentle Touch Animal Hospital will refund you the difference.  
If you owe monies, you may continue with the monthly automatic withdrawals or pay the remainder due, in full.

By signing below I agree to the above terms. I authorize a representative of Gentle Touch Animal Hospital to debit my account monthly (unless paid in full). I will provide a voided check to Gentle Touch Animal Hospital upon initiation of the plan. If a voided check is not received within 1 week of initiation, Gentle Touch Animal Hospital reserves the right to cancel the plan and revert all services and products to full retail price.

\_\_\_\_\_  
Client Signature Date

**Office Use Only.** \_\_\_\_\_

Client Name:

Pet:

Plan: Canine Adult/Senior/Geriatric Silver/Gold Vaccine Plan: Yes/No MT NA AF

Monthly Payments or Paid in Full New Plan Renewal

Check Attached: Yes/No If no, when will check be provided?

