Michal (Callie) Cuthbertson, DVM 248 Fontaine Park Rd, KW 23086 PO Box 246 Aylett, VA 23009

Owner Name: \_\_\_

Owner signature:

Address:



doverequinevet@gmail.com www.doverequinevet.com 804.333.0333 804.769.2433

Enrollment Date: \_\_\_\_\_

Date: \_

## Wellness Program 2017 Terms and Conditions

- You may sign up at any point in the year. Enrollment begins at the receipt of complete payment and ends one full year from sign-up.
- There is no carry-over to the following year. There are no refunds or substitutions if all services offered in your selected plan are not utilized during your plan year.
- Payment is due, in full, prior to your first appointment.
- Any services or discounts offered through the wellness program may only be applied to the enrolled horse, except:
  - \*If an enrolled horse dies or is sold while participating in the Wellness Program a pro-rated refund will be given, or you may transfer the plan to another horse. (Limit: One transfer per plan, per year.)
- Your selected plan may not be changed during the current plan term, but may be changed during the following enrollment year.
- Should your horse require advanced dentistry, you will be responsible for the difference in price between routine and advanced dentistry. Should your horse require dental extractions (wolf teeth, molars, or incisors), you will be responsible for these additional fees.

The following services are **not** included in your Wellness Plan (but may be added at your appointment):

- \*Farm Call Fees. (Shared call fee discounts apply)
- \*Additional booster vaccines required by a previously unvaccinated horse.
- \*All other vaccinations and services not specified in your Plan.

## Wellness Enrollment Application

hone:	E-mail:			
We accept Cash, Checks, MasterCard, Visa, and CareCredit.				
Horse Name	Age	Breed	Sex	Plan