

Senior Wellness Package Enrollment Form – FELINE

Advanced _____ Superior _____ Elite _____

Enrollment start date: _____

Owner's Name: _____ Pet's Name: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____ Cell: _____

E-Mail: _____

Credit Card
#: _____

Expiration Date: _____ Security Code: _____ Type: V MC DIS

I, _____ (please print full name), have enrolled my pet _____ into Big Creek Pet Hospital's (BCPH) Senior Wellness Package program (12 month commitment for services detailed on page 2). I understand that BCPH will charge the credit card listed above in the amount of \$ _____ during the first week of each month for a period of 12 months.

If my credit card has expired or is declined, BCPH will notify me and a payment will be given over the phone with another credit card. If payment is not made within a five (5) day grace period of notification, BCPH will revoke my membership, rescind all discounts given, and expect full payment within a week of the declined transaction at full price for all services received to that date .

Membership is non-transferable.

Maximum total discounts given to member will be 20%.

If I choose to discontinue the program before the 12 month commitment, I will notify BCPH with a 30-day written notice. Upon receipt of the written notice BCPH will charge my credit card for any outstanding balance due for package services rendered and remove my pet's name from the program. I also understand that the enrollment down payment is non-refundable and will be deducted from any balance owed to me for services paid for but not yet performed.

I have reviewed, and understand all aspects of this membership.

I have paid BCPH the membership down payment and the first month installment which totals \$ _____.

Owner's Signature

Date

Feline Senior Pet Wellness Plans

Description	Advanced	Superior	Elite
Exam – Senior Wellness	2	2	2
EKG Screen	1	1	1
Blood Pressure	1	1	2
Blood Chemistry (14 tests)	1	1	1
Blood Chemistry (6 tests)			1
CBC – Complete Blood Count	1	1	1
Bloodwork Thyroid T4 Test	1	1	1
Vaccination Titer Panel			1
Urinalysis (Routine Screen)	1		1
Urinalysis (Complete)		1	1
Early Renal Disease Testing			1
Fecal Examination	1	2	2
Chest & Abdomen X-Rays		1	1
Vaccinations (Core & Received as Needed)	Yes	Yes	Yes
Total before Package Price	390.10	\$593.10	\$813.10
Package Price	\$327.00	\$508.00	\$670.00
Savings	\$63.10	\$85.10	\$143.10
Membership Down Payment	\$75.00	\$100.00	\$130.00
Monthly Fee (12 months)	\$21.00	\$34.00	\$45.00
Additional Discount on other services	5%	5%	10%