



BROOKLYN PARK

PET HOSPITAL

Dedicated to every pet. Every time.

Wellness Plan Contract

I. Services

- a. The plans cover all services listed in the attached itemized plan descriptions. Plans do not cover any services provided by outside veterinarians. Services are valid only at BPPH.
 - i. Medical services – Plans do not cover any fees for services performed as a result of illness or accidental injury, and do not cover emergency services.
 - ii. Dental services – Comprehensive Oral Health Assessment and Treatment (COHAT) is limited to a routine cleaning and screening radiographs and does not involve any dental extractions or additional treatments found necessary during the COHAT. Additional dental treatments beyond routine cleaning are charged at additional fees.
- b. Plans are not transferable to another pet or assignable to another person: a plan applies only to the patient identified at the time of enrollment for as long as that patient is owned by the same owner.
- c. Unlimited medical evaluations apply to regular office hours only. All services will be rendered during scheduled appointments.
- d. Multi-pet families with similar pets may be required to have them identified with microchips or with tattoos, unless all similar pets are covered under wellness plans.

II. Fees and Payment

- a. Wellness plan fees are listed in the attached itemized plan descriptions.
- b. The client may pay the wellness plan fee in full or in prorated monthly payments.
- c. There are no additional discounts for enrolling multiple pets from the same family.
- d. If the member opts for monthly payments, the monthly fee will be automatically deducted from the member's debit or credit card. A reprocessing fee of \$30 may be charged for any rejected charges, including credit card declines, insufficient funds, or any other reason a payment is unable to be processed. The client is responsible for notifying BPPH if there is a change in the debit or credit card.
- e. BPPH reserves the right to adjust the annual cost of a plan on any enrollment anniversary date and reserves the right to cease to renew a plan.
- f. There are no refunds from any prior year.

III. Duration

- a. Wellness plan fees cover all services listed in the attached itemized plan descriptions for one year from the date of initial enrollment. All the terms and conditions of this agreement will be in effect for the entire length of enrollment.
- b. Plans will be automatically renewed on an annual basis, unless canceled by either the member or BPPH 30 days prior to the annual renewal date
- c. If at any time during enrollment in a plan, the client moves out of the 7 county Twin Cities Metro area (with provided proof of new address) or the covered patient dies, the client will pay the balance of monthly payments due or the standard price for services

rendered, whichever is less. If the client has already paid in full, a refund may be issued if services rendered are less than the annual wellness plan payment.

IV. Termination

- a. If a client cancels before any services have been rendered, the entire amount paid for the current year will be refunded.
- b. If a client cancels after any services have been rendered (and the client hasn't moved out of the 7 county Twin Cities Metro area or the patient hasn't died), the following terms apply:
 - i. If the client has paid the wellness plan fee in full, BPPH will retain the entire plan fee.
 - ii. If the client has been paying for the wellness plan fee in monthly installments, BPPH will retain all monthly payments. The client will be liable to BPPH for the remaining installments for the year or will have the option to pay the remaining balance due for the full amount of the wellness plan.
- c. If a client fails to pay any installment within 30 days of the due date, BPPH may:
 - i. Immediately terminate the agreement.
 - ii. Declare all fees and remaining monthly payments due to year end immediately due and payable. If payment is not rendered, the client will be sent to collections in order to collect the debt.

I have read, understand and assent to the terms of this agreement. I have also read the services described in the attached itemized plan descriptions and understand the services that my specific plan includes. Either the annual wellness plan fee or first monthly payment is due immediately upon member signature. Plan becomes effective upon receipt of payment.

_____ I understand that if my pet needs additional services and/or diagnostics that are not listed in the Wellness Plan, payment will be due at time of services.

_____ I understand that this is essentially a budget plan. Most of the services covered under this plan most likely will be received on my first visit. If I attempt to stop paying on this plan before the 12 monthly payments are made, I will still be responsible to pay for the products and services I received, minus the amount of monthly payments I already made.

Kitten Wellness Plan

Full Plan Cost: \$540

Monthly Payment: \$45.00

Includes:

- All pediatric wellness exams
- FeLV/FIV test
- Core vaccines (PRC series + rabies vaccine)
- FeLV initial vaccine series
- Intestinal Parasite Exam
- Deworming
- 8-month supply heartworm prevention
- Unlimited Medical Evaluations (valued at \$65 each)

Spay add on – additional \$33.00 / month

Neuter add on – additional \$15.00 / month