



East Poplarville Veterinary Clinic, P.A.

859 Highway 26 East
Poplarville, MS 39470-3544
(601) 795-4393
www.poplarvillevet.com
www.facebook.com/EastPoplarvilleVeterinaryClinic

Wellness Plan Contract Terms and Conditions

Pets Name: _____ Client # _____

1. The plan covers all services listed and only those services. It doesn't cover:
 - > Any services provided by outside veterinarians.
2. This is not an insurance plan, nor is it intended to treat unforeseen accidents, injury or illness, which would be covered as an out-of-pocket expense or through your pet health insurance plan.
3. The plans aren't transferable and apply only to the patient identified at the time of enrollment for as long as it's owned by the same owner. Services are good only at this hospital.
4. If the subscriber cancels before any services are rendered, the entire amount paid for the current year will be refunded, minus the sign-up fee.
5. If the subscriber cancels after any services are rendered, the provider retains the entire amount of the sign-up fee and all monthly payments.
6. If the subscriber cancels after any services are rendered, the subscriber will be liable to the provider for remaining installments for the year or the full amount of the standard price of services already rendered—whichever is less.
7. There are no refunds from any prior year, and no services will be carried over into the next year's services.
8. The subscriber can pay the veterinary practice monthly or in full.
9. If a patient dies or the subscriber moves, the subscriber will pay the balance of payments or the standard price for services rendered—whichever is less.
10. Multi-pet families must have similar pets identified with microchips or with tattoos, unless all similar pets are covered under wellness plans.
11. The contract will be automatically renewed unless canceled by either party with 30 days' notice. No sign-up fee will be charged with renewal.

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12. The provider reserves the right to adjust monthly fees on any enrollment anniversary date and to cease to provide the plans at any time.
13. Payments will be auto-deducted from most bank accounts. An overdraft and reprocessing fee will be charged for any rejected charges.
14. The subscriber is responsible for notifying the provider if there's a change in the account.
15. If the subscriber fails to pay any installment within 30 days of the due date, the provider may:
 - > Immediately terminate the agreement.
 - > Declare all fees and remaining monthly payments due to year end immediately due and payable.
16. If the subscriber restarts a wellness program after termination, he or she must re-apply and pay the membership sign-up fee.
17. All complications resulting from anesthetic procedures in wellness plans are not included in the wellness plan coverage. Dental cleanings included in wellness plans are for Grade 1.

By signing this agreement, I acknowledge that I understand and agree to all of the terms above. I also understand that I am giving East Poplarville Veterinary Clinic, P.A. permission to withdraw the agreed upon amount from my checking/savings account on the terms above until my contract terms are completed. I also understand that should I not have sufficient funds to cover the amount withdrawn or should I give an incorrect account number, I will be subject to additional processing fees, and that this amount owed will be added on as an additional fee until my bill is paid in full. If for any reason these charges are declined, I will be responsible to East Poplarville Veterinary Clinic, P.A., for the remaining amount of my bill plus 1.5% of my balance due billed monthly, or a monthly billing fee of \$3.00, whichever is greater until paid in full. I also understand that if my account is over 60 days past due without any payments made to East Poplarville Veterinary Clinic, P.A., my account will be turned over for collections and I will be responsible for the amount of my bill plus all reasonable collection fees incurred by the collection process.

Signature: _____ Date: _____

Printed Name: _____

Pet's Name: _____

Wellness Plan: _____

Paid in Full Monthly