Weare Animal Hospital Exotic Pet WellCare Enrollment
91 North Stark Highway, Weare, NH

Please fill out a separate form for each Pet enrolled

Pet Owner Name _____
Address _____

_____
Current e-mail _____
Pet's Name _____

Account Info:

Credit Card Type: ___Visa ___MasterCard ___Discover

Credit Card Number: _____
Expiration date: _____
Security code: _____

Billing address:

___ same as above
other _____

Monthly amount to be billed **_____ Birds $25.95/month**
_____ Exotic Mammal or Reptile $29.95/month

Billing Start Date (program does not start until the first payment):
Bill date: ___1st of month ___15th of month

Agreement (*please initial to the left of paragraph*):

_____ *Term:* This agreement remains in effect for a period of 12 months. The member agrees to a total of twelve monthly payments automatically drafted each month.

_____ *Cancellation:* No cancellation is permitted during the 12 month period, even with the loss of the covered pet or use of another facility. If the funds are not collectable (for example, a cancelled or declined credit card) during the 12 months, the member has 10 days to supply a valid credit card number or the total outstanding amount is immediately due. Any failure to pay the outstanding balance will result in the member being referred to our Collection Agency.

_____ *Scope of Coverage:* Member acknowledges that this plan is not an insurance plan and only covers routine preventive services as outlined in the WellCare membership materials. We strongly recommend members to purchase additional third party coverage n the event of illness, injury or other needed veterinary care.

I, the owner or authorized agent, understand and agree to these terms.

_____ _____
signature *date*

Office use:
Date enrolled _____