



Copper Country Veterinary Clinic

All information is *required* for enrollment in wellness plans

Personal Information

First Name: _____ MI: _____ Last Name: _____

Address: _____ Apt: _____

City: _____ State: _____ Zip Code: _____

Social Security #: _____ Date of Birth: _____

Mobile #: _____ Home#: _____

Employer: _____ Work #: _____

Email Address: _____

*\$25.00 Sign-up fee is required to enroll in a wellness plan. Please enter your credit card payment information below.

Debit/Credit Card #: _____

Exp. Date: _____ CVC: _____ Zip code Associated with this card: _____

I authorize Copper Country Veterinary Clinic to charge my credit card a one-time sign up fee of \$25.00 at this time. I understand this is non-refundable should I cancel my wellness plan.

Signature: _____ Date: _____

Please select the wellness plan and enter the name(s) of the horses you are enrolling below. Please note the monthly payment is per horse.

Basic Wellness Plan \$25.92/Mo. *Per Horse*

Horse(s) Name: _____

Horse(s) Name: _____

Horse(s) Name: _____

Premium Wellness Plan \$41.50/Mo. *Per Horse*

Horse(s) Name: _____

Horse(s) Name: _____

Horse(s) Name: _____

Monthly Payments

Please check off your primary payment method for *your monthly payments*. Two payment methods are required. Please note your primary payment will be used for your monthly payments. If your primary payment is declined, your additional payment method will be used for your monthly payment.

Debit/Credit Card #: _____

Exp. Date: _____ CVC: _____ Zip code Associated with this card: _____

Bank Routing #: _____ Account #: _____

Is this a (please check one): Checking Account Savings account

Please choose the date you would like your payments to be deducted:

1st of every month

15th of every month

Your monthly payment will be deducted on the date you chose above, every month. Please note your wellness plan will become active after your first monthly payment is deducted.

Wellness plans will *automatically renew* each year, unless you request to cancel. Please call 906-482-1771 to request cancellation.

The wellness plan is based over 12 months, if you would like to cancel your plan early, please call 906-482-1771. You will be responsible for payment of the services you received, less your monthly payments, at the time of cancellation.

I understand the terms and agreements of this wellness plan. I understand I will be charged monthly on the date I requested (1st or 15th).

Signature:

Date: