



Veterinarian / Pet Owner AGREEMENT

This Agreement is made between:

"THE PET OWNER"

and

"THE VETERINARIAN"

Title: Mr/Mrs/Miss/Other

Hospital address /stamp

First Name: Last Name:

Address:

City: State:

ZIP Code: Phone:

Email:

PET DETAILS

1. The Pet Owner will pay:

a. Pet Name	Draft Date	Plan	Monthly fee
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$: <input type="text"/>

b. Pet Name	Draft Date	Plan	Monthly fee
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$: <input type="text"/>

c. Pet Name	Draft Date	Plan	Monthly fee
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$: <input type="text"/>

d. Pet Name	Draft Date	Plan	Monthly fee
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$: <input type="text"/>

e. Pet Name	Draft Date	Plan	Monthly fee
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$: <input type="text"/>

f. Pet Name	Draft Date	Plan	Monthly fee
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$: <input type="text"/>

1.1 Upon signing this Agreement, the Veterinarian will collect a one-time membership fee in the amount of \$50.00 and the first Monthly Fee. Thereafter, the Monthly Fee will automatically be drafted pursuant to the Recurrent Payment Authorization signed by you.

TOTAL MONTHLY FEE of \$

1.2 You understand that you are responsible for ensuring that the payment has been withdrawn from your account. In the event that the payment has not been withdrawn, it is your responsibility to ensure that the appropriate funds are available the following month to cover the payment.

Pet Owner's signature: Date:

For and on behalf of the Veterinarian: Date: