



## Vaccines for Life Enrollment Form

Client Name\*\*: \_\_\_\_\_

Mailing Address\*\*: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email Address\*\*: \_\_\_\_\_

**\*\* required information**

**Client pays the initial enrollment fee for each pet they wish to enroll in the Vaccines for Life Program.**

**Vaccines that are included in this program are:**

**Canine ( \$199.00 enrollment fee)**

- Rabies Vaccine
- Canine Distemper Vaccine: *which includes, parvovirus (CVP), adenovirus type 1 (hepatitis) and type 2 (respiratory diseases), parainfluenza.*
- Leptospirosis Vaccine *(if needed)*
- Bordetella Vaccine

**Feline ( \$169.00 enrollment fee)**

- Rabies Vaccine
- Feline Distemper: *which includes feline rhinotracheitis, calici and panleukopenia viruses.*

ALL other additional vaccinations (Lyme, Feline Leukemia, Canine Influenza) will be **50% OFF!!!!**

**Terms and Conditions (PLEASE Initial Each Number)**

1. \_\_\_\_\_ **Staying in the program requires a yearly exam, performed at Marion Animal Hospital, at regular price. If you fail to return your pet more than 30 days past the due date of your pet's yearly exam, the program will become null and void. You will need to either re-enroll in the program and pay another enrollment fee (if the program is still being offered) or pay for boosters at the current full rate.**
2. \_\_\_\_\_ There is a non-refundable enrollment fee per pet to start the program. There are NO age restrictions. The sooner you apply the more money you SAVE! You may enroll as many pets as you'd like. No other client discounts can be applied to the enrollment fee program price (Senior Citizen, Military, Breeder discounts etc.)
3. \_\_\_\_\_ The Vaccines for Life program is NON-transferable to any other *pet* or *owner* and ceases on the loss, death or rehoming of the pet in any circumstance. Each enrollment fee is paid at the start of the program.

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4. \_\_\_\_\_ Physical examinations done at other hospitals will **not** count toward this program. The Vaccinations for Life program is **only available** at Marion Animal Hospital. This program will NOT be honored at any other animal hospital.
5. \_\_\_\_\_ Fees for all other services and products, including OFFICE and TECH visits, heartworm testing, intestinal parasite testing, leukemia/FIV testing, physical examinations, medications, de-worming, flea treatments, heartworm preventative, and/or other treatments/products, are not covered and will need to be paid for at the time of service.
6. \_\_\_\_\_ The client's account needs to be in good standing and all balances paid in full to receive the free vaccines each year.
7. \_\_\_\_\_ Do not rely solely on your courtesy booster reminders, as Marion Animal Hospital cannot be held responsible for their non-arrival at your address. It is your responsibility to know when your pet's annual exam is due.
8. \_\_\_\_\_ Not all pets are due for every vaccine every year. The veterinarian determines which vaccines your pet needs. We evaluate your pet's vaccine needs on a case-by-case basis. This program should NOT be interpreted as a way to excessively vaccinate your pet, as our philosophy is to give only the vaccines that the pet's lifestyle warrants. Only healthy animals are vaccinated as per vaccine manufacturer labels.
9. \_\_\_\_\_ Prices are subject to change for all services/products (annual exam, additional vaccines, blood work, medication, etc.).
11. \_\_\_\_\_ Marion Animal Hospital maintains the right to discontinue this program at any time. All previous enrolled policies (that are meeting with the terms and conditions) will continue to be honored.

I understand and agree to the terms and conditions of the Vaccines for Life Program and wish to enroll the following pets (list each pet enrolled below):

Pet Name \_\_\_\_\_ DOB \_\_\_\_\_ Exam Date \_\_\_\_\_

Pet Name \_\_\_\_\_ DOB \_\_\_\_\_ Exam Date \_\_\_\_\_

Pet Name \_\_\_\_\_ DOB \_\_\_\_\_ Exam Date \_\_\_\_\_

Pet Name \_\_\_\_\_ DOB \_\_\_\_\_ Exam Date \_\_\_\_\_

Client Name: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Office use:*

*Please obtain a photo of enrolled pet(s), scan enrollment form, and give original back to owner. Add notice on patient account, and attach scanned enrollment form.*

VaccineForLifeDec2018