



VACCINES FOR LIFE ENROLLMENT FORM

Client Name: _____

Address: _____

Phone Number: () _____ Alt. Phone Number: () _____

E-mail: _____

Pet Name: _____ DOB: ____ / ____ / ____ Exam Date: ____ / ____ / ____

(All above information is required.)

CANINE PROGRAM

\$299.00

Rabies	FREE
Distemper	FREE
Bordetella	FREE
Leptospirosis	FREE
Lyme	50% OFF
Canine Influenza	50% OFF

FELINE PROGRAM

\$199.00

Rabies	FREE
Distemper	FREE
Feline Leukemia	50% OFF

The client will pay the initial enrollment fee (shown above) for **EACH PET** they wish to enroll in the Vaccines for Life program. Enrollment begins once initial fee is processed.

TERMS AND CONDITIONS

(Please initial each condition to agree)

1. _____ Continued enrollment in the program **REQUIRES** a yearly exam (performed at the Marion Animal Hospital) at regular price. **IF YOU FAIL** to bring your pet in more than 30 days past the due date of your pets annual exam, the program will become null and void. You would need to either re-enroll in the program and pay another enrollment fee (at the most current price) or pay for the vaccine booster at the current full rate.



2. _____ The enrollment fee listed above is non-refundable and is **PER PET** when starting a new enrollment. There are no age restrictions. You may enroll as many pets as you would like. No other client discounts will be applied to the enrollment fee (Including: senior citizen, military, breeder discounts, etc.)

3. _____ The Vaccine for Life program is NOT transferable to any other pet or pet owner. The program will cease on rehoming, loss, or death in any circumstance.

4. _____ Physical examinations done at any other hospital does NOT count toward this program. The pet(s) enrolled in the Vaccine for Life program need an examination by a doctor at the Marion Animal Hospital yearly to be honored. This program will not be honored at any other animal hospital.

5. _____ Fees for all other services and products are NOT covered under this program and will need to be paid for at the time of service. This includes: office and technician visits, heartworm testing, intestinal parasite testing, leukemia/FIV testing, physical examinations, medications, de-worming, flea and tick prevention, heartworm prevention, and/or other treatments or products.

6. _____ The client's account needs to be in good standing and all balances must be paid in full to continue enrollment in the program, for all pets enrolled under the client's account.

7. _____ DO NOT rely solely on your courtesy booster reminders, as the Marion Animal Hospital cannot be held responsible for their non-arrival to your mailing or email address. It is the client's responsibility to know when their pets annual exam is coming due.

8. _____ Not all pets are due for every vaccination each 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. Our philosophy is to only give the vaccines your pet's lifestyle warrants. Only healthy animals are vaccinated as per vaccine manufacturer labels.

9. _____ Prices are always subject to for additional services/products. (Including: annual exams, additional vaccines, blood work, medications, etc.)

10. _____ 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 all of the above terms and conditions of the Vaccine for Life program.

Client Signature: _____ Date: ____ / ____ / ____

Staff Signature: _____ Date: ____ / ____ / ____