



CASCADE SUMMIT
Animal Hospital

Preventive Care Plan Information

Plan Level: Puppy/Kitten Primary Puppy/Kitten Basic Adult Basic Adult Basic Plus Senior Basic Senior Basic Plus	Exam Package: None - plan only includes wellness exams Bonus Exams - 2 additional examinations per year Unlimited Exams Contract Accepted On: Renews: Annually on anniversary date
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Plan Summary

(see contract for comprehensive terms and conditions)

- This plan **IS NOT** insurance. It covers routine wellness services only. We recommend Trupanion pet insurance for comprehensive coverage.
- **Automatic Renewal:** The plan will automatically renew at the anniversary date unless notified in writing (within 30 days prior to plan renewal) that it should be cancelled.
- The plan **IS NOT** transferrable to another party.
- **Cancellation of Plan:** Written notification must be made. Pet owner will be responsible for paying the remaining installments for the term year in effect or the full amount of the standard (non-discounted) price of services already received, whichever is less.
- **Fee Increases:** Plan fees are evaluated in January of each year. CSAH will notify plan members of any fee changes by February, and prices will go into effect on May 1st.
- **What happens when the enrolled pet dies?**
 - CSAH will calculate the discounts received and payments made.
 - Owner will be notified via email the balance due. This will be the remaining installments for the year, or the difference between the discounts received and payments made, whichever is less.
 - If the entire balance due is paid within 30 days of the pet's death, a 10% discount will be given.

Cascade Summit Animal Hospital ♦ 22320 Salamo Road, West Linn, OR 97068

Tel 503.655.1722 ♦ Fax 503.607.0136 ♦ www.cascadesummitvets.com

(owner's initials)



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PREVENTIVE CARE PLAN CONTRACT

Patient: Deegan
Plan: Adult Basic Plus
Coverage Dates: 2/02/15 to 2/02/16
Client Number: 2209

Client-Subscriber:
Address:
City:
State/Zip: OR

Subscriber = Client; Provider = Veterinary Hospital

TERMS AND CONDITIONS

COVERAGE

Your Preventive Care Plan covers all the services listed on the itemized plan summary. It does not include any services not listed on that itemized sheet. It does not include any services provided by anyone other than the Provider or any fees for services recommended as a result of an illness or accidental injury, even if Provider refers patient. **This Preventive Care Plan is not insurance.**

Fees for not included services will be determined between the parties in accordance with the fee schedule in effect at the time and must be paid at the time they are rendered.

ADDITIONAL TERMS AND CONDITIONS

TRANSFERABILITY

This agreement is not transferrable or assignable and applies only to the patient identified above while owned by the Subscriber named. Subscriber may obtain preventative care for the patient only at the Provider's hospital named herein.

CANCELLATION TERMS

Either Provider or Subscriber may cancel this agreement at any time. If Subscriber performs all his/her obligations and Provider cancels this agreement, all the fees Subscriber has paid for the current term year will be refunded in full, less Provider's standard charges for any services rendered prior to cancellation. If Subscriber cancels at any time before services are rendered, the entire amount paid for the current year will be refunded, minus any membership fee charged. Refunds will not be made for any prior year's plan. If Subscriber cancels after any services have been rendered, Provider shall be entitled to retain the entire amount of the membership fee and all monthly installments which have been paid and Subscriber will be liable to pay Provider the remaining installments for the term year in effect or the Subscriber shall pay the full amount of the standard price of services already rendered, whichever is less. Such installments can be paid either monthly as they come due or as one payment in full. If an enrolled patient dies or is disposed of for any reason after services have been rendered, Provider shall be entitled to retain the entire amount of the membership fee and all monthly installments which have been paid and the Subscriber will be

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liable to pay the Provider the remaining installments for the term in effect or the full amount of standard price of services already rendered, whichever is less. The installments can be paid either monthly as they come due or as one payment in full.

If full payment is made within 30 days of the patient's death, a 10% discount will be given.

Multiple pet families may be required to have similar pets identified by microchip or tattoo unless all similar pets are covered under a Preventive Care Plan with Provider.

EFFECTIVE PERIOD

This agreement shall be effective for the period stated above and will be automatically renewed for a subsequent period of 12 months each, unless and until Subscriber or Provider terminates this agreement as of the end of any term year by written notice to the other party given no less than 30 days prior to the automatic renewal date. Upon renewal, no membership fee will be charged.

ANNUAL FEE INCREASES (as of February 1, 2017)

The Provider reserves the right to adjust monthly fees annually, or cease at any time to provide the plans. Fee increases will take place on May 1st of every year, with a notification being emailed to the client by February 1st. This allows the Provider to continue offering the Preventive Care Plans at the lowest rate for the Subscriber.

ITEMS NOT COVERED BY THIS AGREEMENT

- A. Services rendered by specialist to whom patient is referred by the Provider.
- B. Services at any institution or hospital other than the Provider, or services rendered by other veterinarians not employed by the Provider.

UNLIMITED/BONUS EXAMINATIONS (*applicable only if purchased separately*)

Subscriber understands that the unlimited and/or bonus exams purchased applies to scheduled appointments during regular office hours only. **Unscheduled visits, urgent exams, and emergency exams are not included.** The definition of emergency exam in this circumstance is any exam that is not scheduled in advance, in an open time slot. An emergency exam can also be associated with a medical admit where there are no available timeslots in the schedule to accommodate the exam and so therefore, would not be covered.

INSTALLMENT PAYMENTS

Installment payments can be deducted from most debit or credit cards. A reprocessing fee of \$25 may be billed to Subscriber on declined transactions on Subscriber's account. Subscriber is responsible for notifying Provider of any change in account set up for billing. In the event that Subscriber fails to pay any installment within 30 days of its due date, Provider may immediately terminate this agreement and declare all fees and remaining monthly installments for the then current term year to be immediately due and payable. *If Provider permits Subscriber to restart the program after termination under this section, a new application and membership fee will be required.*



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FEES DUE TO PROVIDER IN ADDITION TO PREVENTIVE CARE PLAN

In the event that cancellation of the agreement for any reason results in monies due to Provider, such money shall be paid in full within 30 days of cancellation. If Subscriber fails to make any payment when due under this agreement, they will pay the Provider's collection cost, whether or not legal action is recommended. In the event of any legal proceedings (including appeals) the prevailing party shall be entitled to recover its costs, disbursements and reasonable attorney's fees as determined by the court.

This contract includes all terms of the Preventive Care Plan Program unless additions or changes are made in writing.

The Subscriber acknowledges that they have received a copy of their Preventive Care Plan Contract. By signing below, the Subscriber understands that they are accepting the plan as written, including automatic renewals and annual fee increases. Furthermore, the Subscriber may cancel their plan at any time (with a written 30-day notice) as long as they pay the difference between services discounted and monthly payments made.

Client (Subscriber) Name:	
Client (Subscriber) Signature:	
Date:	