Enrollment Form

1. Client Information

CLIENT NAME _____	**PREFERRED PHONE** _____
EMAIL ADDRESS _____	**ALTERNATE PHONE** _____
STREET ADDRESS _____	**CITY / STATE / ZIP** _____
EMERGENCY CONTACT _____	**EMERGENCY CONTACT PHONE** _____

2. Pet Information

PET NAME	**SPECIES**	**DATE OF BIRTH**
BREED /SEX	**COLOR / MARKINGS**	**DATE ACQUIRED**

3. Package Selection

☐ **Puppy Wellness Package - $550**

Includes: three puppy wellness examinations; DHPP series; leptospirosis series; Bordetella series; rabies vaccination; two fecal screenings; deworming as prescribed; and one complimentary dose/sample of Simparica Trio, subject to veterinarian approval and product eligibility.

☐ **Kitten Wellness Package - $550**

Includes: three kitten wellness examinations; Triple SNAP screening; FVRCP series; feline leukemia vaccination series; rabies vaccination; two fecal screenings; deworming as prescribed; and one complimentary Revolution sample, subject to veterinarian approval and product eligibility.

Package Terms, Eligibility & Exclusions

1. **Preventive care only.** This package is designed exclusively for routine preventive care for a healthy puppy or kitten, including the listed wellness examinations, vaccines, screenings, and preventive services.
2. **Age and completion deadline.** The pet must be enrolled while age-eligible and all package services must be completed before the pet reaches six (6) months of age, unless Pleasant Pet Care documents a medical scheduling exception.
3. **Non-refundable purchase.** The package fee is non-refundable once purchased. Unused, declined, missed, or expired services have no cash value and are not eligible for refund, credit, substitution, or transfer.
4. **One pet only.** The package applies only to the pet identified in this agreement and may not be transferred to another pet, client, or household.
5. **Illness and injury are not included.** Sick-pet examinations, urgent visits, emergency care, diagnostic testing, medications, treatments, hospitalization, surgery, and follow-up care for any illness or injury are not included and will be billed separately.
6. **Additional services are separate.** Services not specifically listed in the selected package - including additional vaccines, laboratory tests, imaging, health certificates, microchips, spay/neuter procedures, prescription diets, medications, and parasite preventives - are charged separately unless expressly stated otherwise.
7. **Medical discretion.** The attending veterinarian will determine whether the pet is healthy enough to receive vaccines or other package services. A service may be delayed, modified, or declined when medically appropriate. Any evaluation or treatment required because the pet is unwell is outside the package.
8. **Scheduling responsibility.** The client is responsible for scheduling and keeping appointments early enough to complete the vaccine series before six months of age. Missed appointments or delays may prevent completion of the package and do not extend the deadline automatically.
9. **No insurance.** This wellness package is a prepaid bundle of specified preventive veterinary services. It is not pet insurance and does not cover accidents, illnesses, or services received at another veterinary hospital.
10. **No guaranteed immunity or outcome.** Vaccination and preventive care reduce risk but cannot guarantee that a pet will not become ill or develop a preventable disease.

CLIENT INITIALS: _____ I understand that illness, injury, medical treatment, diagnostic testing, medications, and any services not specifically listed are not included in this package and will result in additional charges.

5. Client Acknowledgment & Authorization

By signing below, I confirm that I have reviewed the selected package, understand what is included and excluded, and authorize Pleasant Pet Care to provide the listed preventive services according to the attending veterinarian's recommendations. I accept financial responsibility for all services provided outside this package.

CLIENT / AUTHORIZED AGENT SIGNATURE	**DATE**
PRINTED NAME	**RELATIONSHIP TO PET**
PLEASANT PET CARE TEAM MEMBER	**DATE**

FOR HOSPITAL USE

PURCHASE DATE	**PAYMENT METHOD**	**EXPIRATION DATE**
PACKAGE PRICE	**RECEIPT / INVOICE #**	**PLAN ICON ADDED**

Package services are provided according to the veterinarian-recommended schedule and may be adjusted when medically appropriate.