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HEALTH PLAN AGREEMENT

At Twin Peaks Veterinary Clinic, we are happy to offer our Health Plan for your dog or cat. A Health plan is for only one dog or one cat per plan. This contract outlines the agreement between Twin Peaks Veterinary Clinic and the signing owner for one specific pet. Cost to participate in the Health Plan is a \$240 Annual Participation Charge plus an Office Visit Charge per office visit as described below. During office visits, clients have unlimited access to all of the services we provide as general practitioners at Twin Peaks as outlined in this contract including the following:

- Wellness exams
- Routine preventive care
- All recommended core vaccines and boosters for the area
- Fecal exams
- Routine deworming for roundworm and hookworm
- Heartworm tests (dogs) and FELV/FIV tests (cats)
- Nail trims
- Anal gland expression
- Routine blood work processed at our extensive in-house lab
- Sick pet diagnostics, care, and treatment
- Radiographs (X-rays)
- Urinalysis
- Electrocardiogram
- Eye pressure tests
- Ear swab and in-house laboratory analysis
- Urgent care to our ability and capacity during regular business hours
- Euthanasia
- Local-anesthetic procedures
- One of the following surgeries included per year:
 - Spay/neuter surgery
 - Dental cleaning

Care that is not listed above (such as complex or specialty care or surgery) is not included in the plan.

Additionally, clients may be referred to another clinic for specialty services. Services or treatments performed by any other clinic are not included in the Health Plan.

Office Visit Charges: Each visit to our clinic incurs an Office Visit Charge

- Dogs and Cats 1 year of age and older at sign-up:
 - The first 3 Office Visits during 1 plan year cost \$20
 - Every visit after 3 Office Visits during 1 plan year costs \$50
- Puppies and Kittens less than 1 year of age at sign-up:
 - All wellness/preventive care Office Visits cost \$20 for the first Health Plan year
 - All Office Visits for sick or injured pets cost \$50 for the first Health Plan year
- Surgery follow-up visits incur a \$20 Office Visit Charge and don't count as one of the 3 \$20 visits

Off-site diagnostic services available at an additional cost:

- Off-site laboratory services, including pathology, cytology, histopathology, etc.
- Off-site interpretation of radiographs by a specialist or other diagnostic items

If off-site diagnostic services are recommended, the client will be consulted prior to the performance of these services. If the client approves the performance of these services, the client will be responsible for the charges from the outside laboratory or specialist in addition to the Office Visit Charge associated with the visit. This includes only those services arranged by Twin Peaks Veterinary Clinic with its providers. The client will pay Twin Peaks Veterinary Clinic directly for those diagnostic services.

Products available at an additional cost:

- Microchip
- E-collar
- Heartworm prevention
- Pharmacy

Services and products not provided at our clinic are not covered under the Health Plan and include the following:

- After hours emergency services
- Alternative medicine, including chiropractic
- Complimentary medicine, including acupuncture
- Pet food, Vitamins, and Dietary supplements
- Flea and tick prevention products
- Cremation services

*Note: None of the lists above are designed to be all-inclusive, and exceptions may apply.

Eligibility Requirements

In order to sign up or re-sign up a pet on a Health Plan, all of the client's accounts must be in good standing. Additionally, a pet must meet waiting periods required as described below.

Payment Options

Annual Participation Charge can be paid using the options selected below. Payment method may be changed upon client request.

Payment of the Annual Participation Charge (first month's payment or lump sum payment, depending on selected payment option) is due on the day of enrollment and is in addition to the Office Visit Charge associated with the visit.

Office Visit Charges will be paid by the client to the clinic at the time of service and may differ from the payment method used to pay the Annual Participation Charge.

Twin Peaks reserves the right to require the Annual Participation Charge to be paid as a lump sum payment for pets requiring complex care or surgery.

Renewal

The Health Plan agreement is for 1 year and will automatically renew on the anniversary date of the original enrollment. We reserve the right to change the terms and conditions of the plan at renewal. If changes are made, your plan will renew to the most current plan contract. You can view your renewal contract on our website (TwinPeaksVetClinic.Com) at least 2 months before your renewal date. The password to access the secured document is "TwinPeaks". Upon automatic renewal, payments will continue in the same manner as was previously established (i.e. monthly payments or full year lump sum) and will access funds from the same account, unless otherwise specified. Puppies/kittens will renew to adult-pet terms and conditions at renewal. Plans set up on payments of \$10 per month will renew to \$20 per month at renewal.

Clients who do not want a Health Plan to renew or would like to change from annual or monthly payments should contact the clinic 30 days prior to renewal date.

Not Transferrable

Health Plans may not be transferred to any other pet or client. If a pet changes owners, then the owner that signed up on the Health Plan remains responsible for payment of the Annual Participation Charge, and the pet will continue to be eligible to receive services on that Health Plan until Health Plan is cancelled or not renewed.

Cancellation

In the event of death, euthanasia, or early cancellation, the client is responsible for their remaining Health Plan balance. If Annual Participation Charge was paid in monthly installments, the client may either continue with the monthly payments until the end of the contract year or pay the remainder in one lump sum.

Waiting Period

Once the Health Plan is cancelled or not renewed, there is a mandatory 1 (one) year waiting period before that owner may sign up that pet on a Health Plan again. During that waiting period, that client will pay full price for services performed on that pet.

Declined/Missed Payments or Office Visit Charges

Fees: For each missed or declined payment or Office Visit Charge, the client will incur a \$30.00 fee from Twin Peaks. Additionally, the client will be responsible for any fees (such as insufficient funds charges) incurred by Twin Peaks as a result of declined payments.

Health Plan Services Available: Services will not be performed under the Health Plan until all of the client's accounts for all of their pets at Twin Peaks are brought up to date. This includes the payment of missed payments or Office Visit Charges, declined payments, and fees as outlined above.

Health Plan Cancellation: In the event of a missed or declined payment or Office Visit Charge, the client will be notified. The client will have 60 days from the date the payment was due to bring the account up to date. This includes the payment of missed payments, declined payments, and fees as previously outlined. If the account is not current after 60 days, the Health Plan for that pet will be cancelled and will be subject to the policies regarding early cancellation as outlined in this contract.

Collections: If the account is not current 90 days from the date the payment or Office Visit Charge was due, the remaining account balance will be sent to collections.

Aggressive/Dangerous Pets

At the discretion of the veterinarians, Twin Peaks Veterinary Clinic reserves the right not to see, treat, or care for dangerous or aggressive pets.

Agreement

I agree to enroll my pet in the Twin Peaks Veterinary Clinic Health Plan, and to pay the cost according to the option checked below. I understand that Twin Peaks Veterinary Clinic will use its best efforts, according to the standards of veterinary practice to treat my pet, but that there is no guarantee of any particular outcome. I release Twin Peaks Veterinary Clinic, its veterinarians, and its staff from any and all liability for the treatment of my pet, except due to gross negligence or intentional misconduct. I understand that it is my responsibility to contact Twin Peaks Veterinary Clinic if my contact or payment information should change.

Agreement Period

First Date of Agreement _____

Last Date of Agreement _____

_____ I understand my Health Plan will automatically renew on _____ (day and month) annually until I cancel my Health Plan.

Pet Information

Check One: _____ Dog/Cat over 1 year of age _____ Puppy/Kitten 1 year of age or less

Name: <animal>

Age: <age-name> DOB: <birthday>

Breed: <breed> Color: <color>

Twin Peaks Record#: <patient-record-id>

Client Information

Name: <first-name> <last-name> or <spouse>

Twin Peaks Client Record#: <number>

Address: <address>, <address2>

City: <city> State: <st> Zip Code: <zip>

Email Address: <e-mail>

Phone Number: <area>-<phone> Alternate Phone Number: <cell-phone>

Payment Selection for Annual Participation Charge (select one of the following):

___ I agree to the following terms for the first year of my Health Plan:

- I will make full payment today of \$240
- When my Health Plan renews, my Annual Participation Charge will be paid automatically as follows (choose one):

___ \$20 automatic monthly payment starting next year on the first day of the month following this month.

___ \$240 automatic annual payment next year on the first day of the month following this month and will continue on this day (_____) every year thereafter.

___ I agree to the following terms for the first year of my Health Plan:

- I will make a payment today of \$130
- My remaining 11 monthly payments of \$10 per month will be automatically deducted on the first day of each month (starting _____).

___ I understand that when my Health Plan renews, my automatic monthly payment will change to \$20 per month.

Card Type (Mark one): ___ Debit ___ Credit:

Card company (circle one): Visa MasterCard American Express Discover

Name of financial institution issuing credit card: _____

Signed

Client Signature: _____ Date: _____

Twin Peaks Veterinary Clinic Signature _____ Date: _____

Printed Name of Staff Member Signing Agreement _____