

FREE VACCINES FOR LIFE ENROLLMENT

Lawton Veterinary Hospital

Client pays an enrollment fee of **\$65 for each pet** they wish to enroll in the Free Vaccines for Life Program.

**The enrollment fee is not refundable under any circumstances. (i.e. - moving, changing veterinary clinics, death of pet, adopting pet to another family, or any other circumstance).*

The enrollment fee is for **one pet only** and is not transferrable to another pet or another owner under any circumstance.

Enrolled pets will continue to receive vaccines listed on this form free of charge for the rest of the pet's life as long as the pet has an annual wellness exam at Lawton Veterinary Hospital within 30 days of when the wellness exam is due.

If pet does not come in for the annual wellness exam within 30 days of the due date, then the pet is dropped from the program. The client can re-enroll the pet by paying the enrollment fee again if the program is still offered by Lawton Veterinary Hospital.

Lawton veterinary Hospital has the right to stop enrolling new pets or re-enrolling pets that do not come in for annual wellness exams. However, once a pet is enrolled and comes in for an annual wellness exam, that pet will receive Free Vaccines for Life.

At the annual wellness exam, the veterinarian will discuss the vaccines appropriate for the age and lifestyle of that pet and recommend a vaccination program. The client has the right to refuse vaccines or request additional vaccines that are listed on this form. Any vaccine not listed on this form is not included in the Free Vaccines for Life Program and will be charged.

All doctor exam fees, lab fees, medications, heartworm and flea prevention, and all other veterinary charges are not included in this program. Client must pay for the doctor's examination/office visit fee to receive the free vaccines. **Only the vaccines listed on this form are free.**

Vaccines that are included in this form include:

Dogs – DHPP, Lepto, Bordetella, Rabies, Heartworm/Fecal test

Cats – PRC, Feline Leukemia, Rabies, fecal

I understand the terms of the Free Vaccines for Life Program and wish to enroll the following pet:

Pet Name _____ Birth Date _____ Wellness Exam Date _____

Client Signature _____ Date _____

I have received a copy of this agreement _____ (initial)