

I, _____, agree to comply with Equine Medical's Equine Well Care Program. I understand that the cost of the Wellness Program must be paid in full at the time of enrollment and all program fees are nonrefundable. I understand the Wellness Program cannot be customized and coverage starts at the date of purchase and ends on December 31, 2012. I understand that pregnant mares, mares with foals at their side and horses under one year of age are not eligible for the program. If I request other vaccinations and services, I understand that they are available, but at an additional fee. If my horse should require additional sedation and/or more extensive dental work than would be considered routine by the doctor, I accept the extra charge at the time the dental prophylaxis is performed. If my horse requires treatment for a colic episode and I have transported him/her to Equine Medical LLC for treatment, I understand that I must pay Equine Medical LLC in full at the time of his/her discharge to receive the 10% discount.

I have read and understandd all the aspects of the Equine Well Care Program, provided by Equine Medical LLC.

Signature of legal owner/agent

Date