

For Longer Lives & Happier Pets!

**Heritage Veterinary Clinic**  
4 Heritage Drive  
Cooperstown, NY 13326  
P: 607-547-8488  
F: 607-547-1207

**New Berlin Veterinary Clinic**  
5094 State Highway 8  
New Berlin, NY 13411  
P: 607-847-6118  
F: 607-847-8273



**Marcy Veterinary Clinic**  
P.O. Box 561  
9225 River Road  
Marcy, NY 13403  
P: 315-570-6760  
F: 315-570-6779

**Pittsfield Veterinary Clinic**  
1033 State Highway 80  
Edmeston, NY 13335  
P: 607-965-8991  
F: 607-965-2384

**LEATHERSTOCKING  
VETERINARY GROUP**

## Wellness Program-Terms and Conditions

This program is designed to provide the best possible preventative medicine for your companion in the most cost-effective way. Please read the following sections of this document carefully. Please voice any questions or concerns prior to signing this agreement.

**Payment Options:** A credit or debit card must be placed on file to allow for monthly transaction processing. All plans are divided over a 6-month payment period. A \$30 late fee will be applied if the credit/debit card transaction is declined.

**Other Discounts:** Other canine vaccines such as Kennel Cough and Influenza are discounted 10% when performed at a Wellness visit. ***This applies only to dogs on the Wellness Plan.*** Patients enrolled in the Wellness Plan will be eligible for a 50% discount on the 24-hour emergency service fee, 10% discount on other non-routine services such as radiographs (x-rays), a 10% discount on blood wellness panels, as well as a 10% discount on in-house pharmacy medicine. **It is important that the patient must be actively enrolled and the account balance current.** This is NOT an insurance plan and is not transferrable to any other veterinary care provider outside of Leatherstocking Veterinary Group veterinarians.

**Payment Options:** Visa, MasterCard, Discover, and American Express are accepted cards. If you elect to put your wellness plan on CareCredit, the full amount must be charged at once. In that case, payment options would be handled directly through CareCredit and is subject to their terms and agreements. Please ask for a copy of CareCredit financing options.

**Enrollment:** Enrollment is good for one year from the date of enrollment.

Owner's Name: \_\_\_\_\_ Enrollment Date: \_\_\_\_\_

Pet's Name	Species	Breed	Sex	Age	Color

Plan Level	Retail Cost	Wellness Plan Cost	6 Month Payment

Cardholder Name: \_\_\_\_\_ Credit Card Number: \_\_\_\_\_

Expiration: \_\_\_\_\_ Security Code: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

I understand and agree to the Leatherstocking Veterinary Group Wellness Plan terms and conditions.

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Leatherstocking Vet Group Signature

\_\_\_\_\_  
Date

Check out our clinics at [www.leatherstockingvetgroup.com](http://www.leatherstockingvetgroup.com)