

MILITARY DISCOUNT **ENROLLMENT FORM**

Thank you for giving us the opportunity to care for your pet and for serving our Country. Client must present military ID or DD 214 form to complete enrollment.

Owner: _____ Spouse: _____
Address: _____ City: _____ Zip: _____
Home Phone: _____ E-mail: _____
Cell: _____ Alternate Phone: _____

DISCOUNTED SERVICES OFFERED

- 1 FREE EXAM PER YEAR, FOR 1 ANIMAL IN THE HOUSEHOLD
- 50% OFF VACCINES, FOR 1 ANIMAL IN HOUSEHOLD
- 20% OFF SELECT SERVICES

Pet name designated for 1 free exam: _____

Pet name designated for 50% off vaccines: _____

AUTHORIZATION

I verify that I am 18 years or older and I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of services rendered.

I understand that client name must match owner information on account at Well Pet Vet Clinic. Clients cannot have multiple accounts with same mailing address or they will be removed from Well Pet's military discount program. Clients can only enroll household pets and cannot add friends or other relative's pets to their account.

Signature of Owner _____ Date _____

STAFF USE ONLY	
ACCOUNT # _____	STAFF INITIALS: _____
<input type="checkbox"/> COPY OF MILITARY ID	
<input type="checkbox"/> ATTACHED COPY OF DD 214 FORM	
<input type="checkbox"/> APPROVED	
<input type="checkbox"/> DENIED	