

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

- WHOLE ACCOUNT RECIEVES 20% OFF ALL SERVICES AND MOST INVENTORY INCLUDING 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 INITALS: _____

- COPY OF MILITARY ID
- ATTACHED COPY OF DD 214 FORM

- APPROVED
- DENIED