



P.O. Box 644 • Powhatan, VA • 23139
 Ph. (804) 598-3759 • Fax (804)598-1035

Equine Wellness Program Application

Owner's First Name: _____ Last Name: _____

Mailing Address: Street: _____
 City: _____ State: _____ Zip Code: _____

Physical Address(If different than mailing address)

Street: _____
 City: _____ State: _____ Zip Code: _____

Patient's Name (s)	Plan Option	Plan Cost

For additional horses, please use a second enrollment form.

Total Annual Cost:

(Total Annual Cost does not reflect any additional charges incurred for treatments, exams or dental work not indicated in the individual wellness plans.)

***** Payment in full is required on the date of sign-up. *****

Payment Option (circle one)

Cash Check M/C Visa American Express Discover

Credit Card Number: _____ Expiration Date: _____

Check Number: _____

Date Enrolled: _____