

COUNTRY VIEW VETERINARY SERVICE



1350 South Fish Hatchery Rd
PO Box 27
Oregon WI, 53575
customerservice@countryviewvets.com
www.countryviewvets.com
(608) 835-0551

2012 Equine Wellness Program Agreement

Name:	Home Phone:
Address:	Cell Phone:
City/State/Zip Code:	Alternative Phone:

Nick Name and Registered Name of your Horse(s)	Name and Address of Stable ('home' if same address as above)

Please check which type of program you prefer
(Prices listed are per horse for the first 2 horses enrolled)

- Standard Wellness Program \$ 390.00
- Premium Wellness Program \$ 480.00
- Foal Wellness Program \$ 600.00

Multiple Horse Discount

A 10% discount will be given to 3 or more horses enrolled with the same owner.

Payments can be made by Cash / Check / Visa / or Mastercard

\$ _____ Total Amount Enclosed Credit Card# _____-_____-_____-____ Exp Date: _____

I agree to the program terms as stated by Country View Veterinary Service for the Equine Wellness Program

Authorized Signature

Date

Thank you for entrusting the care of your animals with us,
from the doctors and staff at Country View Veterinary Service.