Direct Mail /Express Pick up Heartworm/ Flea & Tick Program

By signing below, you are agreeing to have your monthly or six-month supply of heartworm preventative and/or flea & tick medication automatically mailed to your home or you can pick up the medications, which would be automatically filled on a specified day each month, at the office without having to call us. Your card will be charged before the specified pick up or mailing date. This form hereby gives Affordable Vet Center, LLC authorization to charge your credit card each month for the term of one (1) year, of which this agreement thereafter becomes month to month. Cancelation must be in writing with a 30-day notice.

☐ Monthly Supply ☐ (6) Six-month Supply 🗆 Direct Mail Program 🕒 Express Pick Up Program □ Heartgard (Blue 1-25 Ibs), (Green 26 lbs-50lbs), Brown (51lbs-100lbs) □ Trifexis (5lbs-10lbs), (10lbs-20lbs), (20lbs-40lbs), (40lbs-60lbs), (60lbs-120lbs) □ NexGard (Orange 4lbs-10lbs), (Blue 10lbs-24lbs), (Purple 24lbs-60lbs), (Red 60lbs-121lbs) □ Revolution Cat (5lbs-15lbs), (15lbs-22lbs) □ Bravecto (4lbs-10lbs), (10lbs-22lbs), (22lbs-44lbs), (44lbs-88lbs), (88lbs-123lbs) □ Tri-Heart (Blue 1-25lbs), (Green 26lbs-50lbs), (Brown 51lbs-100lbs) □ Comfortis (Orange 10.1-20lbs), (Green 20.1-40lbs), (Blue 40.1-60lbs), (Brown60.1-120lbs) Monthly Fee for Direct Mailing Including Postage of \$2.99 + Six Month Fee for Direct Mailing Including Postage of \$2.99 + No Mailing Fee for Express Pick Up _____ * Annual Exam (for all pets) and Annual Heartworm test (dogs only) must be on file and up to date. **Owners Signature: Print Name:** Date: _____ Pet's Name: _____ Current Weight_____ Credit Card Number: **Expiration Date:** Security Code: Type of Card: (If you need to update your address/phone # please do so on the back side of this sheet)