

**Individual Wellness Plan
Financial Responsibility Contract**

This Individual Wellness Plan (IWP) contract exists between _____
(Responsible Party or Parties) and Surgi-Care Center for Horses.

It is understood and agreed upon between the above parties that the following financial contract is mutually acceptable, legal, and binding. I (We) agree to pay Surgi-Care Center for Horses the amount of \$_____. An initial payment of 25% (\$_____._____) to be collected at acceptance of this contract followed by eleven monthly payments of \$_____._____ beginning on _____ and ending on _____.

I (We) agree payment will be made via an electronic bank debit according to the following:

Bank Name: _____

Routing Number: _____

Account Number: _____

Name on Account: _____

Accompanying Signed Voided Check Required

The payment plan is interest- free however, in the event that the agreed upon monthly payment is unable to be processed due to lack of funds I (We) agree to pay a \$35.00 failed transaction fee. I (We) agree to pay the \$35.00 fee along with the monthly amount due within 10 days of the failed transaction. The payment is to be made directly to Surgi-Care Center for Horses. Failure to do so will cause the entire remaining amount of this contract to be due in full 11 days after the failed monthly transaction fee date. I (We) agree to pay any and all costs incurred in collecting any outstanding balances including costs, courts costs, attorney fees, and prejudgment interest. **COLLECTION OF UNPAID ACCOUNTS WILL BE VIGOURSLY PURSUED. SURGI-CARE CENTER FOR HORSE WILL SEEK ALL LEGAL REMEDIES AVAILABLE UNDER THE LAW.**

I (We) have read the above contract and agree to be bound by it and abide by it completely. I (We) further attest to be a duly authorized signatory on the above account and authorize Surgi-Care Center for Horses to keep my signature on file and to debit the above account according to the terms and conditions stated in this contract.

I (We) voluntarily and willingly enter into this agreement.

Signature of Responsible Party (Parties): _____

Representative of Surgi-Care Center for Horses: _____

Witness: _____ Date: _____