



Oak Ridge Animal Clinic  
26446 I-45 North  
Spring Texas, 77386  
Office: 281-364-7194  
Fax: 281-466-1837

## **Well Care Plan Cancellation Form :**

This form serves as notice that the client listed below wishes to terminate their Well Care Plan Contract with Oak Ridge Animal Clinic effective as of the date listed on this form.

**By signing below, Owner agrees that if this contract is cancelled for any reason including death, that all services (at retail price) provided during active enrollment or the price of the remainder of the contract, whichever is cheaper, will be the sole responsibility of the Owner stated in original signed contract. Any charges are immediately due at time of cancellation by Owner.**

Patient Name: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date of Termination: \_\_\_\_\_