PreventiCare™

HORSE ENROLLMENT APPLICATION

I. Enrolling Veterinarian Information

DVM Name	
DVM Clinic Name	
Clinic Street Address	
City, State, Zip	
Pfizer Account Number	State License Number:
Telephone Number	Clinic: ( )

II. Horse Owner Information

Client Name		
Street Address		
City, State, Zip		
Telephone Number	Home: ( )	Work: ( )

III. Surgical Referral Information

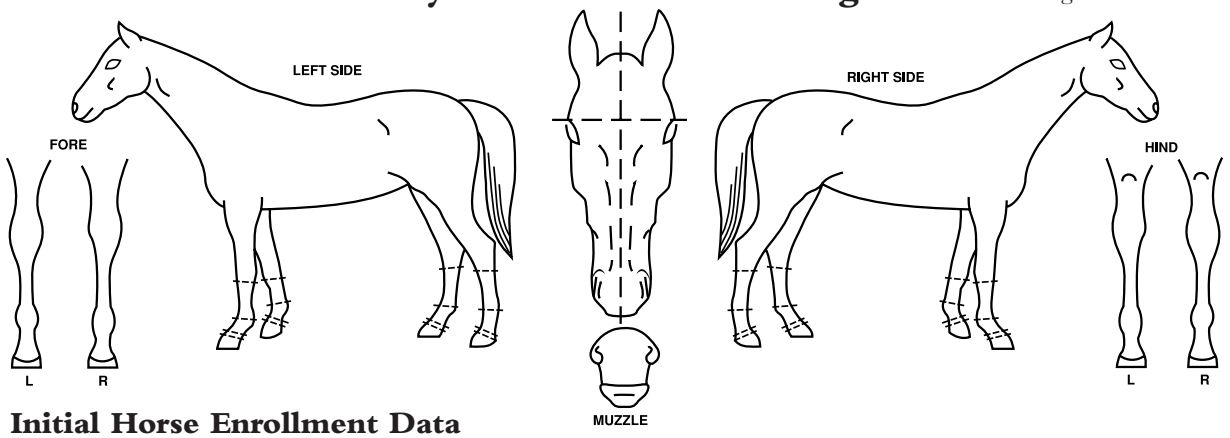
Principal Surgeon	
Practice Name	
Street Address	
City, State, Zip	
Telephone Number	Clinic: ( )

IV. Enrolled Horse Information

Name of Horse				
Any Previous Colic Surgery?	☐ Yes	☐ No		
Breed of Horse/Gender	Breed:	☐ Mare	☐ Gelding	☐ Ungelded Male
Age/Body Score	Age:	Body Score:		
Height/Weight/Color	Height:	Weight:	Color:	
Primary Use:	☐ Breeding	☐ Competitive	☐ Recreational	☐ Other

Please Identify Horse's White Markings

☐ No Markings



V. Initial Horse Enrollment Data

	Date Administered	Additional Services	Date Administered
Physical Exam			
Dental Exam/Care			
Nutritional Counseling/Feed Review			
Equell/Equimax Dosed			
Strongid® C/C 2X™ Discussed			
Date Started Strongid® C/C 2X™			

Immunizations: (endorsed & validated by DVM)			
Eastern Encephalomyelitis		Rhinopneumonitis	
Western Encephalomyelitis		Influenza	
Venezuelan Encephalomyelitis		Potomac Fever	
Tetanus		Strangles	
Rabies		Other?	

Reviewed Colic Risk Factors (water, geographic, sand, etc.)	☐ Yes

I hereby swear that all information disclosed in this application is factual. I agree to abide by all terms stipulated on the reverse side of this application. (See reverse side for full program terms and conditions.)

Horse Owner Date

Enrolling Veterinarian Date

RETURN THE WHITE COPY OF THIS COMPLETED FORM TO:
PFIZER ANIMAL HEALTH, ATTN: PREVENTICARE ADMINISTRATOR, 812 SPRINGDALE DRIVE, EXTON, PA 19341.

WHITE = PFIZER ANIMAL HEALTH YELLOW = ENROLLING VETERINARIAN PINK = HORSE OWNER

PREVENTICARE™/COLIC ASSISTANCE PLAN™
TERMS & CONDITIONS

GUARANTEE/INSURANCE: Compliance with the terms of this agreement does not constitute a guarantee that an enrolled horse will not colic. Additionally, compliance with the terms of this program does not constitute an insurance policy; this program is not intended to be a substitute for insurance coverage. For PreventiCare horses that are covered by an insurance policy, Pfizer Animal Health will pay the insurance deductible and the portion of colic surgery not paid by insurance.

PROGRAM REQUIREMENTS: Horses must reside in the United States and must receive the following treatments/services each year in order to be considered in compliance: annual physical and dental examinations/treatments, receive annual immunizations as determined by the enrolling veterinarian, receive year-round daily administration of Strongid® C or Strongid® C 2X,™ receive twice yearly treatments of an Equell® (Ivermectin) or Equimax® (Ivermectin/praziquantel) and appropriate nutritional counseling. All of these requirements must be documented, administered and/or purchased through a licensed, program-enrolled veterinarian.

ENROLLMENT: Horses must re-enroll into the program each year. Horses must be between the ages of five months (and fully weaned from their mothers) and 20 years in order to be enrolled into the program. Horses that are officially enrolled before age 20 may re-enroll each year until age 24. If enrollment lapses at any time after age 20, the horse will not be eligible for re-enrollment. If an enrolled horse leaves the direct supervision of the enrolling veterinarian, the horse becomes ineligible for benefits associated with the Colic Assistance Plan. The horse may re-enroll under a new veterinarian but must meet the same eligibility requirements as if it were enrolling for the first time.

EXEMPTIONS/DISQUALIFICATIONS: 1) Any horse that has had previous colic surgery. 2) Any horse that has experienced colic in the last 12 months or has a history of chronic colic. 3) Any horse under five months, or not fully weaned from its mother, or any horse over 20 years of age.

OFFICIAL ENROLLMENT CERTIFICATES: Official program enrollment shall begin on the date indicated on the Official Enrollment Certificate. Certificates will be sent to the enrolling veterinarian and the horse owner by Pfizer Animal Health at the completion of the internal enrollment process. Horses that experience a case of colic serious enough to require surgery will not be eligible for surgical/aftercare reimbursement until the date indicated on the Official Enrollment Certificate and are documented to be in compliance with the program's six requirements. The official enrollment date will be approximately 30 days from the date Pfizer Animal Health receives the application.

VETERINARIAN RESPONSIBILITIES: Through participation in the program and the process of enrolling horses, veterinarians confirm that they have read the program materials, understand their responsibilities and agree to fulfill their responsibilities as outlined in the program materials. When enrolling a horse into the program, the veterinarian attests that it is under his/her direct health care supervision, that a veterinarian/client/patient relationship exists and that the horse is receiving daily administrations of Strongid® C or Strongid® C 2X™ in accordance with label directions. Documentation of program compliance for each enrolled horse must be maintained and held on file by the enrolling veterinarian and be available for review by Pfizer Animal Health upon request.

HORSE OWNER RESPONSIBILITIES: By enrolling a horse into the program, the horse owner agrees to comply with the veterinarian's health care recommendations and the program's six requirements. All program specified products and services must be documented, administered and/or purchased through the horse's enrolling veterinarian. In order to participate, Strongid® C or Strongid® C 2X™ must be purchased from your enrolling veterinarian, who is also required to administer all components of the program. If at any time a horse owner chooses to select a different veterinarian for their horse, he or she simply needs to notify Pfizer Animal Health in writing with the name and address of the new veterinarian who will be administering PreventiCare.

In the event that an enrolled horse suffers a case of colic serious enough to require surgery, the horse's owner is completely responsible for all costs associated with the surgery and aftercare until the time Pfizer Animal Health officially approves the request for reimbursement in accordance with the terms and conditions of this agreement. Any and all costs which exceed the stated $5,000 limit will remain the horse owner's complete responsibility for payment.

COMPLIANCE/NON-COMPLIANCE: Any deviation from the program's six requirements is cause for Pfizer Animal Health to determine the horse owner is not in compliance, thereby relinquishing the enrolled horse's ability to receive Colic Assistance Plan benefits.

REIMBURSEMENT: Maximum reimbursement will be $5,000 per horse and be limited to the cost of surgery and three days of aftercare. Expenses over $5,000 will be the sole responsibility of the horse owner.

VETERINARIAN-OWNED HORSES: A participating veterinarian who performs colic surgery on his or her own horse will be eligible to receive a reimbursement equal to 50% of the surgical costs, up to a maximum of $2,500.

REQUESTS FOR REIMBURSEMENT: Should an enrolled horse suffer a case of colic serious enough to require colic surgery, it is the responsibility of the enrolling veterinarian to submit a completed Compliance Affidavit along with a copy of the enrolled horse's health record to Pfizer Animal Health within five days of the time of surgery. It is the responsibility of the attending surgeon to submit the completed Surgical Reimbursement Request Form to Pfizer Animal Health within five days of the surgery.

All requests for surgical reimbursement will be reviewed for compliance and customary fees. Pfizer Animal Health reserves the right to review all health records, purchase receipts, applications and compliance affidavits before making a decision regarding reimbursement. Final decisions on the acceptability and compensatability of all requests for reimbursement shall be made by Pfizer Animal Health at its sole discretion.

LIABILITY: Pfizer Animal Health assumes no responsibility or liability for the rendering of services or products not under Pfizer Animal Health's control/manufacturing.

TERMINATION: Pfizer Animal Health may cancel this program without notification. Pfizer Animal Health reserves the right to disqualify any horse, horse owner, veterinarian or surgeon from this program at its sole discretion.

©2001 Pfizer Inc STR1299068 2254