THE FAMILY PET HOSPITAL'S NEW CANINE WELLNESS PLANS WITH OR WITHOUT DENTAL

You can choose to pay per month or save 20% and pay the full plan up front. Either way, you save money and your pet gets the preventative and early diagnostic screening tests that they deserve ☺

BASIC HEALTH SENIOR WELLNESS PLAN (9 YR+)

SERVICES INCLUDE:	Regular cost:
-Two biannual wellness examinations	$159.00
- All vaccination boosters needed and recommended	$300.00
- One annual fecal check	$57.50
- Annual full blood and urine screen to check for early subclinical disease	$286.00
- Annual thyroid function screening (Included in test listed above)	$0.00
- Chest or abdomen radiographs (2 views - can be substituted for other body parts)	$219.50
- Annual heartworm test (plus test for three tick-borne diseases)	$80.00
- Three anal sac expressions	$138.00
- Biannual nutritional assessment and dietary recommendations	$0.00
- Unlimited problem visits during the year	$55-$92 each
+/- Dental cleaning under anesthesia or sedation (no extractions)	**$500-$800**

- **PLUS** A 10% savings on all products, including heartworm/flea & tick preventative, prescription diets and prescription medications, as well as a 10% savings on all services, excluding grooming and training, not included in the plan.

- Dental cleaning includes preop blood work, anesthesia, sedation, hospitalization, dental scaling, dental radiographs, +/- antibiotic injection as needed.

COST:

Pay in full through Care Credit Total: $796.80 (or $1,200.00 with dental) plus initial enrollment fee of $50

OR

Paid in full at time of sign up: $796.80☐   or $1,200.00 with dental☐

Total regular cost for all listed services without plan: $1,200 +

Note: All wellness plans are all-inclusive. There can be no substitutions or subtractions. You will find that even though your pet may not need one or two items on your estimate, the package plan is still more beneficial than if all the individual services were to be purchased separately. The plan expires one year after purchase date.

Owner's Signature: _____ Date: _____