

Eric Andersen, DVM
 Danica Salamun, DVM
 Melanie Brennan, DVM
 Stephanie Smith, DVM
 Randi Armstrong, DVM
 Danielle Wilde, DVM
 Sara Sosnow, DVM



Ballston Spa Veterinary Clinic
 365 Saratoga Avenue
 Ballston Spa, NY 12020
 (518) 885-5650
 www.ballstonspavet.com

Account #: _____ Client Name: _____ Pet Name _____ Sex: _____

2019 Kitten Wellness Plan

The Kitten Wellness Plan will provide everything your new cat needs to start life in a healthy and happy way, and all at a great savings to you. The plan includes comprehensive physical exams, FIV and FeLV testing, kitten vaccinations, fecal exam and de-worming. Neutering is also covered in this plan and includes a pre-surgical exam, a pre-surgical blood panel, and all associated surgery fees. An identification microchip will be implanted and your pet's chip number will be registered with Homeagain. **In addition, you will receive a 10% discount on flea preventative purchased, FREE EXAMS, and FREE NAIL TRIMS for this pet for a full year.**

**Free exams do not include the first annual exam at one year of age.*

8 WEEKS

Comprehensive Physical Exam
 FIV/FeLV Test (Feline Immunodeficiency Virus and Feline Leukemia Virus)
 1st FVRCP (Feline Distemper) Vaccine
 De-worming with Pyrantel - 2 doses
 Fecal Parasite Test
 Nail trim
 Kitten kit – with first dose of Revolution (Flea/Ear mite/Heartworm prevention)
 Microchip

12 WEEKS

Comprehensive Physical Exam
 2nd FVRCP (Feline Distemper) Vaccine
 1st Leukemia Vaccine

16 WEEKS

Comprehensive Physical Exam
 3rd FVRCP (Feline Distemper) Vaccine
 2nd Leukemia vaccine
 Purevax 1 year Rabies Vaccine

5-6 MONTHS

Pre-surgical Exam
 Pre-surgical Blood Panel
 Ovariohysterectomy or Castration, (includes fluids and pain medication)

**Spay or Neuter must be completed within 1 year of Wellness Plan Start Date.*

PRICES	Total Regular Cost	---→ Wellness Plan Discount	----→ Your Cost	---→ **5% off
<input type="checkbox"/> Female Kitten	\$828.00	- \$109.00	=\$719	=\$683.05
<input type="checkbox"/> Male Kitten	\$777.00	- \$103.00	=\$674	=\$640.30

(Other discounts do not apply to already discounted plan price.)

I authorize the Kitten Wellness Plan for my pet. Client Signature: _____ Date _____

- I will be paying the full balance for the wellness plan today. (**5% off if paid in full today only)
- I will be paying the full balance for the wellness plan in 2 equal payments not over 60 days.

Final payment must be made PRIOR to surgery. In the event of non-payment, a \$30 collections fee will be added to your account and submitted to collections.

Total amount due: \$ _____
 Payment #1: \$ _____ Today's Date: _____
 Payment #2: \$ _____ Date: _____

Payment Worksheet
 Female: \$341.52 x 2
 Male: \$320.15 x 2

Client Signature: _____ Date: _____

----- Cut along dotted line -----
 Credit Card # _____ Expiration: ___/___ V-code: _____
 MC VISA AMEX DISC Name on Card: _____ Verify Address
 Care Credit # _____ Name on Card: _____