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Ballston Spa Veterinary Clinic
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 (518) 885-5650
 www.ballstonspavet.com

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

Small Breed Puppy Wellness Plan (Adult weight under 30 lbs.)

The Puppy Wellness Plan will provide everything your new dog needs to start life in a healthy and happy way, and all at a great savings to you. The plan includes comprehensive physical exams, puppy 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 puppy's chip number will be registered with Homeagain. **In addition, you will receive a 10% discount on all heartworm and flea/tick preventive 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 with Doctor

- Comprehensive Physical Exam
- 1st Distemper/Parvo Vaccine
- Bordetella (Kennel Cough) Vaccine
- De-worming – Pyrantel – 2 doses
- Fecal Parasite Test
- Puppy Kit – with first FREE dose of heartworm preventative.
- Microchip

12 WEEKS with Doctor

- Comprehensive Physical Exam
- 2nd Distemper/Parvo Vaccine
- 1st Leptospirosis Vaccine

14 WEEKS with Tech

- 2nd Leptospirosis Vaccine
- Rabies 1yr Vaccine

16 WEEKS with Doctor

- Comprehensive Physical Exam
- 3rd Distemper/Parvo Vaccine
- 1st Lyme Vaccine

18 WEEKS with Tech

- 2nd Lyme Vaccine

5-7 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.**

PRICE	Total Regular Cost -->	Wellness Plan Disc. --->	Your Cost----->	**5% off
Male	\$1047.14	- \$139.14	= \$908.00	= \$862.60
Female	\$1099.08	- \$169.08	= \$930.00	= \$883.50

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

I authorize the Puppy Wellness Plan for my puppy. 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. Payments must be made by Credit Card or Care Credit. 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:
 Male: \$454.00 x 2
 Female: \$465.00 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: _____