



Family Pet Practice/Wixom Family Pet Practice

PREVENTION PLAN Guidelines & Contract

$\frac{1}{2\pi}$ **Puppy Plan** includes: 2 Routine Exams, 1 Rabies Vaccine, 1 Distemper Vaccine, 3 Distemper/Lepto Combo Vaccines, 1 Bordetella Vaccine, 1 Heartworm/Tick Test, 2 Fecal Tests, 1 Microchip.

$\frac{1}{2\pi}$ **Puppy Plus Plan** includes: 2 Routine Exams, 1 Rabies Vaccine, 1 Distemper Vaccine, 3 Distemper/Lepto Combo Vaccines, 1 Bordetella Vaccine, 1 Heartworm/Tick Test, 2 Fecal Tests, 1 Microchip, 1 Preoperative Blood Panel, 1 Routine Spay/Neuter.

$\frac{1}{2\pi}$ **Kitten Plan** includes: 2 Routine Exams, 1 Rabies Vaccine, 1 Distemper Vaccine, 2 Distemper/Leukemia Combo Vaccines, 1 FeLV/FIV Test, 2 Fecal Tests, 1 Microchip.

$\frac{1}{2\pi}$ **Kitten Plus Plan** includes: 2 Routine Exams, 1 Rabies Vaccine, 1 Distemper Vaccine, 2 Distemper/Leukemia Vaccines, 1 FeLV/FIV Test, 2 Fecal Tests, 1 Microchip, 1 Preoperative Blood Panel, 1 Spay or Neuter.

$\frac{1}{2\pi}$ **Adult Dog/Cat Plan** includes: 2 Routine Exams, 1 Rabies Vaccine, 1 Distemper Vaccine, 1 Lepto or Leukemia Vaccine, 1 Bordetella Vaccine, 2 Fecal Tests, 1 Wellness Blood Panel/Heartworm Test, 20% off Dental Cleaning

$\frac{1}{2\pi}$ **Adult Plus Dog/Cat Plan** includes: 2 Routine Exams, 1 Rabies Vaccine, 1 Distemper Vaccine, 1 Lepto or Leukemia Vaccine, 1 Bordetella Vaccine, 2 Fecal Tests, 3 View Cardiac Radiographs, 1 Senior Blood Panel/Heartworm/Urine/Thyroid, 1 Ultrasound – Comprehensive Abdominal Scan, 20% off Dental Cleaning

$\frac{1}{2\pi}$ **All of the above Plans** offer 20% off Heartworm/ProHeart Injections, Flea/Tick & deworming medications that are dispensed within the clinic. Sick Pet Exams are not included in Prevention Plans as of 12/1/19.

_____ (initial) The Prevention Plans are not medical insurance or savings plan. They are a Plan to provide routine preventive care in a budgeted manner.

_____ (initial) The Enrollment period expires one year from the date of Registration and automatically expires, as do the payments & benefits.

_____ (initial) The first of 12 monthly payments will process the day following enrollment.

_____ (initial) If the Subscriber cancels after any services are rendered, the Provider retains the Registration Fee and the Subscriber is to pay the full amount of standard prices of services rendered under the Plan.

_____ (initial) If a payment is declined, it must be paid in the office. We do not have access to your financial information once it is entered into the secure payment system. Communication for any declined payment will be via email.

_____ (initial) (Pup/Kitten Plus) Routine Spay/Neuter are fully inclusive of the Kitten/Puppy Plus Plans, however additional fees will apply for cryptorchid, hernia, in heat, extra anesthesia, sedatives, or optional items.

_____ (initial) (Adult/Adult Plus) Dental Cleanings are discounted 20% of the entire invoice related to dental cleaning, anesthesia, extractions and medications. Non-discounted fees will apply for add-on services such as lump removals, extra anesthesia, etc.

_____ (initial) (Adult Plus) Ultrasound Comprehensive Abdominal Scan does not include sedation for your pet if needed.

_____ (initial) Prevention Plans do not cover any services rendered through outside veterinarians or any fees for services recommended as a result of illness or accidental injury.

Plans include only what is shown at the top of contract. Registration Fee will be waived with Plan renewal, as long as it is within 30 days of the expiration. The Provider reserves the right to adjust monthly fees on any Enrollment anniversary date and cease to provide the Plans at any time. Credits or refunds will not be issued for services not needed or received within the 12-month enrollment period. Credit will not be issued for vaccines not recommended or administered. This offer is not valid with any other coupons or discounts. Services within the Plan can only be used at Family Pet Practice or Wixom Family Pet Practice and cannot be split between those facilities. The Plans are not transferable and apply only to the Patient identified at the time of enrollment.

By signing below, I agree to pay 12 consecutive monthly payments of \$ _____

Subscriber Full Name _____ Patient Name _____

Phone _____ E-Mail _____

Subscriber Signature X _____ Date _____

Team Use Only: Last 4 digits of Credit Card _____ Exp Date: ____/____/____ Team Initials: _____