The Dalles Veterinary Hospital

408 W. 3rd Street The Dalles, OR 97058

541-296-9191

PET HEALTH PLAN

TREATMENT AND SERVICES COVERED

|  |  |  |  |
| --- | --- | --- | --- |
| VACCINATIONSAs Recommended |  | Professional Services25% off | AdditionalServices |
| Well Pet Exam With Vaccines | 25% off | Office Visits | Microchip | 25% off |
| Rabies | FREE | Follow-up/Recheck exams | Prescription Medication | 25% off |
| DHPP – K-9 | FREE | Prophylaxis (dental cleaning) | Flea & Tick Prevention | 10% off |
| Leptospirosis-K-9 | FREE | Dental Extractions | Retail Products | 10% off |
| Bordetella – K-9 | FREE | Radiology | Prescription Diets | 5% off |
| Rattlesnake – K-9 | FREE | Mino/Major Procedures | Premium Pet Food | 5% off |
| FVRCP – Feline | FREE | Laboratory testing |  |  |
| FELV – Feline | FREE | Medications/injections |  |  |
| One Fecal Test for parasites  | FREE | Ultrasound |  |  |
| Strongid (dewormer) | FREE |  |  |  |

 \*The plan covers vaccinations as per AVMA recommendations for pets age and lifestyle. Only one full set of vaccines and one fecal per pet per membership premium.

\*\*Exclusions: Services not listed above – boarding, emergency care, hospitalization, cosmetic surgery, current illness or injury, compound pharmacy medication, or cremation. This plan covers services at our hospital only.

All invoices must be paid in full at time of service or discharge. If you cannot pay your invoice at the time of service or discharge, you will not receive this discount. Balances carried will incur 1 ½% interest per month.

The Pet Health Plan covers treatment and services for your pet(s) described in this application for a period of one year beginning \*\* seven (7) days\*\* after you execute this agreement.

Households with multiple pets will require a separate Pet Health Plan for each pet. Pet Health Plan fee must be paid in full at the time of plan purchase.

All enrollment premiums are non-refundable.

*Exception: The enrollment premium may be transferred to another family pet if it has not been used within the first month. Prices and discounts are subject to change without notice.*

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 Pet Health Plan Application

Name: Phone:

Address: City/State: Zip:

Pet’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Color: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Weight: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby become a member of the Pet Health Plan at The Dalles Veterinary Hospital and enroll my pet(s) described in this application. I certify that all statements therein are true and correct. I hereby agree to pay the plan year coverage.

Initial Annual Fee per Pet

1 month – 11 years $402.29= 12 years and older $ 767.66 =

Annual Renewal Fee per pet: All Ages $329.00 =

Applicant’s signature: Date:

Applicant’s representative: Date: