



The Dalles Veterinary Hospital  
 408 W. 3rd Street The Dalles, OR 97058  
 541-296-9191



PET HEALTH PLAN  
 TREATMENT AND SERVICES COVERED

VACCINATIONS As Recommended		Professional Services 25% off		Additional Services	
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
Rattlensake – K-9	FREE	Mino/Major Procedures		Premium Pet Food	5% off
FVRCP – Feline	FREE	Laboratory testing			
FELV – Feline	FREE	Medications/injections			
Fecal Testing 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.

OFFICE USE ONLY

Client # \_\_\_\_\_

Clinic Representative \_\_\_\_\_



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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 \$275.00= \_\_\_\_\_ 12 years and older \$559.00 = \_\_\_\_\_

Annual Renewal Fee per pet: All Ages \$240.00 = \_\_\_\_\_

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's representative: \_\_\_\_\_ Date: \_\_\_\_\_

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