

## **Sizes & Prices**

Small Dog 0-22lbs \$69/month or \$828 annually  
Small Dog with Blood Work \$81/month or \$972 annually  
Small Dog Puppy \$84.75/month or \$1,017 annually

Medium Dog 22.1-44lbs \$72/month or \$864 annually  
Medium Dog 22.1-44lbs with Blood work \$84.25/month or \$1,011 annually  
Medium Dog Puppy \$82.50/month or \$990 annually

Large Dog 44.1-88lbs \$75/month or \$900 annually  
Large Dog 44.1-88lbs with bloodwork \$87/month or \$1,044 annually  
Large Dog Puppy \$85.50/month or \$1,026 annually

Extra Large Dog 88.1-123lbs \$84.25/month or \$1,011 annually  
Extra Large Dog 88.1-123lbs with bloodwork \$96.50/month or \$1,158 annually  
Extra Large Dog Puppy \$88.50/month or \$1,062 annually

Cat \$36/month or \$432 annually  
Cat with Bloodwork \$48/month or \$576 annually  
Kitten \$49.75/month or \$597 annually

## **Canine Plans Include**

- IDEXX Fecal Screening
- Rabies vaccine
- DHLPP vaccine
- Bordetella vaccine
- Lyme vaccine
- 4DX Test
- 12 Months of Flea & Tick Protection
- 12 Months of Heartworm Protection
- 1 Wellness Exam
- 1 Vaccine Exam
- Puppy plans include boosters, a second IDEXX fecal screening, and pyrantel but no 4DX test

## **Feline Plans Include**

- IDEXX Fecal Screening
- Rabies vaccine
- FVRCP vaccine
- 12 months of Flea & Tick Protection
- 1 Wellness Exam
- 1 Vaccine Exam
- Kitten plans include boosters, a second IDEXX fecal screening and pyrantel

Owner Benefits in Enrolling

- Breaks wellness care into affordable monthly payments
- Any additional services not covered on the plan will be 10% off (medications/vaccines will be standard price)
- Paying the annual fee at sign up will include the following additional benefits
  - All flea/tick and heartworm prevention will be given to you at the time of payment
  - You will receive a \$50 Wags and Whiskers Gift Certificate
  - If you pay with cash/check you will be given additional 3% discount

Average American Monthly Spending

- Average American Streaming Services = \$61/month
- Cut/Color Hair Service - \$180/every other month
- Monday - Friday coffee from your neighborhood shop = \$140/month
- Dining Out - \$160/month
- Cigarettes - \$300/month

Add on Extras

- Blood work packages offered - highly recommended for all patients age 5 and older!
- \$2 extra per month and you can have your medications autoshipped quarterly

Payment Stipulations

- On the date of sign up the first 2 payments will be collected
- Months 2-11 of the plan your card will be charged on your selected date.
- Month 12 there will be no payment.
- This plan is a use it or lose it plan, you will have until the renewal date to use all your items, nothing will roll over
- You will be contacted 2 months prior to your plan expiration with the new year's plan and the option to re-sign up

Client (Owner) ID#: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

ZipCode: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Preferred Method of Communication: \_\_\_\_\_

CC#: \_\_\_\_\_

Exp: \_\_\_\_\_ CVC: \_\_\_\_\_

Draft Date: \_\_\_\_ 1st Wednesday of every month                      \_\_\_\_ 3rd Wednesday of every month

\_\_ initials \_\_\_\_\_ I understand that if the payment is unable to be processed on the selected date, Wags and Whiskers will notify me by text and email. Another attempt to process it will be made the following Wednesday.

Patient

Name: \_\_\_\_\_

Patient ID#: \_\_\_\_\_

Plan: \_\_\_\_\_

Add Ons: \_\_\_\_\_

Total Annual Fees: \_\_\_\_\_

Monthly Fees: \_\_\_\_\_

By signing below I agree to pay Wags and Whiskers Veterinary Service pLLC for the services and treatments outlined on the Wellness Plan. I understand that payment will be made with a 1 time payment of \$ \_\_\_\_ at sign up and the remaining balance will be automatically charged to the credit card listed above in the form of 10 equal, auto withdrawal payments on the date selected above. If 3 consecutive payments are missed I understand my account will be turned over to a collection agency. I will be responsible for any fees occurring from the use of the collection agency, attorney, or any outside services to assist in the collection of any delinquent balances. These fees will be added to my already delinquent balance. I will be responsible for the total balance of the plan regardless of how many services I redeem.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature for and on behalf of Dr Janelle McFarland: \_\_\_\_\_

Date: \_\_\_\_\_