

# Wisconsin Valley Veterinary Service



## 2020 Puppy Wellness Packages

Our Wellness Packages are designed to set a strong foundation for the lifelong health of your new puppy. Examinations, vaccinations, and a fecal are included and bundled at a discounted price. These plans allow you to lock in this special rate for preventative care services and procedures, ensuring that you are providing your puppy with the best possible care throughout its first year.

	FEMALE 1-39#	FEMALE 40-79#	FEMALE 80-100#	MALE 1-49#	MALE 50-74#	MALE 75-100#
<b>3 Exams</b>	Included	Included	Included	Included	Included	Included
<b>3 Distemper Vaccines</b> <small>(Includes 3 Distemper, 2 Lepto &amp; 2 Lyme)</small>	Included	Included	Included	Included	Included	Included
<b>1 year Rabies</b>	Included	Included	Included	Included	Included	Included
<b>Fecal</b>	Included	Included	Included	Included	Included	Included
<b>Microchip</b> <small>(Including Registration)</small>	Included	Included	Included	Included	Included	Included
<b>Spay</b> <small>(Includes bloodwork, fluids, pain meds)</small>	Included	Included	Included	-	-	-
<b>Neuter</b> <small>(Includes bloodwork, fluids, pain meds)</small>	-	-	-	Included	Included	Included
<b>TOTAL</b>	\$605.00	\$681.00	\$765.00	\$601.00	\$675.00	\$736.00
<b>-SAVINGS</b>	-\$90.75	-\$102.15	-\$114.75	-\$90.15	-\$101.25	-\$110.40
<b>1 TIME PAYMENT OF:</b>	<b>\$514.25</b>	<b>\$578.85</b>	<b>\$650.25</b>	<b>\$510.85</b>	<b>\$573.75</b>	<b>\$625.60</b>

**\*\*PACKAGE SELECTION IS DETERMINED BY ESTIMATING WEIGHT AT TIME OF THEIR SPAY/NEUTER SURGERY**

### PAYMENT TERMS & REFUNDS:

**Payment in full is required at time of enrollment. Enrollment must be done at the first visit.** Prorated refunds (if no balance on the owner's account is outstanding) or transfer of remaining package to another puppy will only be allowed in the event of the sale or death of an enrolled puppy. The unused portion of the Wellness Package may be transferred to the new owner of the sold puppy if that puppy remains within the practice. Unused services are not transferable to the following year.

**No credit will be given if pet has had vaccines prior to 1<sup>st</sup> visit at our clinic.**

OWNER \_\_\_\_\_  
ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_  
EMAIL \_\_\_\_\_

PUPPY'S NAME \_\_\_\_\_  
DOB/AGE \_\_\_\_\_ BREED \_\_\_\_\_  
COLOR \_\_\_\_\_ SEX \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

<b>TOTAL \$</b> _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> MC <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> AmEx _____ NUMBER _____ EXP _____ V CODE _____ SIGNATURE _____ DATE _____
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