



NORTH END
**PET
HOSPITAL**

3819 North 25th Street
Tacoma, Washington 98406-5317

Phone: 253-752-2265
Fax: 253-759-2487

Puppy Health Care Plans

Congratulations on the addition of your new four-legged family member! We want to help you provide the preventive care your new kitten needs for a lifetime of happiness and love.

| | <u>Basic</u> | <u>Comprehensive</u> |
|---------------------------------------------------------|----------------------------|----------------------------|
| Three Complete Preventive Exams (8, 12, & 16 weeks) | X | X |
| Vaccinations | | |
| Canine Distemper/Parvo (8, 12, & 16 weeks) | X | X |
| Rabies (16 weeks) | X | X |
| Bordetella | | X |
| Leptospirosis | | X |
| Stool Specimen Examination (8 & 16 weeks) | X | X |
| Intestinal Parasite Treatment (if needed) | X | X |
| Microchip | | X |
| Total Value | \$382.90 | \$529.80 |
| Paid in full at time of first visit – 20% savings | \$306.32 | \$423.85 |
| Two equal payments at the first two visit – 15% savings | \$325.46 | \$450.33 |
| | (two payments of \$162.73) | (two payments of \$225.17) |

Terms and Conditions:

- a) Plan must be paid in full at the time of the first visit to receive the discount.
- b) This offer is not refundable nor is it transferrable to any other pet or owner. There can be no exceptions.
- c) All services must be provided within six months of the date below.
- d) Any services or products required by the pet which are not specifically included in the package will be charged at regular hospital rates.

I choose the Basic/Comprehensive (circle one) Health Care Plan for my puppy named _____.

I am the owner of the above named pet, am at least 18 years of age, and agree to the above terms and conditions.

Printed Name

Signature

Date