

Feline Preventive Healthcare Plans

Adult Feline

Professional Services

Semi-Annual Comprehensive Physical Exams (2 included - 2nd must be 5-7 months after)
 Lifestyle Evaluation (Nutritional, Activity)

Vaccinations

Vaccines (2 at no cost included in plan) - FVRCP, Rabies, FeLV

(for Indoor/Outdoor or Outdoor Cats)

Additional Vaccine - FeLV (as needed)
 Semi-Annual Fecal Parasite Screening (2)
 Annual FIV/FeLV Screening
 Annual Deworming (roundworms, hookworms, tapeworms)

Additional Included Package Benefits

Unlimited Free Office Visits for 1 Year	\$138 Value or more with just 2 visits
* BY APPOINTMENT ONLY (There is an additional fee for walk-in, emergency and extended visits)	
10% Discount on Services Not in Plan	10% Value on all other services
5% Discount on Products/Medication (diets excluded)	5% Value on all other products and meds
Free Home Again Microchip	\$43 Value
Health-Certificates (if needed)	\$26 Value
15% Savings with Single Payment Option	
Flexible Monthly Payment Option	

Package Cost:

Single Payment Option (15% Savings)

Indoor Cat: **\$157** (\$28 Savings + \$207 in benefits + discounts)
 Outdoor Cat: **\$308** (\$28-55 Savings + \$207 in benefits + discounts)

Monthly Payment Option

Indoor Cat: \$185 (+ \$207 in benefits + discounts)
 First Payment: \$56 + 11 Monthly Payments: \$12
 Outdoor Cat: \$363 (\$207 in benefits + discounts)
 First Payment: \$109 + 11 Monthly Payments: \$25

Senior Feline

Professional Services

Semi-Annual Comprehensive Physical Exams (2)
 Lifestyle Evaluation (Nutritional, Activity)

Vaccinations

Core Vaccines - FVRCP, Rabies (as needed)

Preventive Diagnostics

Senior Diagnostic Screen (CBC, Chemistries, T4, and UA)

(for Indoor/Outdoor or Outdoor Cats)

Additional Vaccine - FeLV (as needed)
 Semi-Annual Fecal Parasite Screening (2)
 Annual FIV/FeLV Screening
 Annual Deworming (roundworms, hookworms, tapeworms)

Package Cost:

Single Payment Option (15% Savings)

Indoor Cat: **\$279** (\$49 Savings + \$207 in benefits + discounts)
 Outdoor Cat: **\$429** (\$76 Savings + \$207 in benefits + discounts)

Monthly Payment Option

Indoor Cat: \$329 (+ \$207 in benefits + discounts)
 First Payment: \$99 + 11 Monthly Payments: \$21
 Outdoor Cat: \$506 (\$207 in benefits + discounts)
 First Payment: \$152 + 11 Monthly Payments: \$32

Newtown Veterinary Center - Preventive Healthcare Plan Agreement

1. This document is a contract between Newtown Veterinary Center as the “provider” and the person signed below as the “subscriber”.
2. The Preventive Healthcare Plan covers all services listed and only those services. It does not cover: **Any services provided by outside veterinarians or any fees for services recommended as a result of illness or accidental injury.**
3. Plans include services that nearly all cats and dogs need. They do not include treatment for unpredictable or abnormal conditions such as vaccine reactions, retained testicles, tooth extractions, and umbilical hernia.
4. Office exams apply to regular office hours only. Office exams and rechecks require pre-made appointments. **Walk-ins, after-hours visits, hospitalized patient exams, extended office visits, and emergency visits are not included in these plans.** Diagnostic tests and treatments needed at the visit are at normal retail cost (though discounts may apply as described in plans).
5. The plans are not transferable and apply only to the patient identified at the time of enrollment for as long as it is owned by the same owner. Services are good only at this clinic.
6. If the subscriber cancels before any services are rendered, the entire amount paid for the current year will be refunded.
7. Plan services are provided at deep discounts under an annual agreement. If the subscriber cancels after any services are rendered, the subscriber will be liable to the provider for remaining installments for the year or the full amount of the standard undiscounted price of services already rendered whichever is less.
8. The subscriber can pay the veterinary clinic monthly or in full. If paying in full, the subscriber will receive a 15% discount. Monthly plans are paid as 30% of the total plan cost upfront, and the remaining 70% is to be paid over the following 11 months.
9. If a patient dies or the subscriber moves out of the area (a 30 mile radius), the subscriber will pay the balance of payments or the standard price for all services and discounts already rendered whichever is less.
10. Multi-pet families must have similar pets identified with microchips or pictures, unless all similar pets are covered under wellness plans.
11. Payments will be automatically charged to subscriber determined credit/debit card. **A processing fee of \$30.00 will be charged for any rejected charges.**
12. The subscriber is responsible for notifying the provider if there is a change in the account.
13. If the subscriber fails to pay any installment within 30 days of the due date, the provider may: Immediately terminate the agreement, accelerate and declare all fees and remaining monthly payments due to term end and make those payments due immediately.
14. If the subscriber has a plan terminated, it is at the discretion of the provider whether to offer monthly payment plans at renewal.
15. The Wellness Plan chosen by the subscriber becomes part of this contract.

Subscriber/Client Name: _____ Pet Name: _____

Wellness Plan Chosen: _____

Paid Upfront Paid Monthly - First Payment: \$ _____ Monthly Payments (11): \$ _____

Subscriber Signature: _____ Date: _____

AGREEMENT AND AUTHORIZATION FOR MONTHLY CREDIT/DEBIT CARD CHARGES

I (We) hereby agree to pay the eleven monthly Preventive Healthcare Plan fees to Newtown Veterinary Center.

I (We) understand the amount will be paid in eleven (11) monthly installments beginning on _____ by a charge to my credit/debit card, as authorized below (each a “monthly payment”).

Credit/Debit Card: MasterCard Visa American Express Discover

Card # _____

Name on Card: _____

Expiration Date _____ Billing Address _____

Card-Holder Signature: _____ Date: _____