

HEALTH CARE PLAN

Name _____
Last First Middle Initial

Address _____
Street City, State, Zip Code

Phone No. _____ Emergency No. _____

Pet name _____

Birth Date _____

Species: Cat _____ Dog _____ Other _____

Breed _____ Sex _____

BENEFIT OF THE HEALTH CARE PLAN

All office visits are reduced to \$14.85. The plan includes all vaccinations. All in-house laboratory work is reduced by 50%. All medical service fees are reduced by 20%. These discounts apply to services of the Miami Springs Animal Hospital as bathing, x-rays, deworming, anesthesia, surgery and dentistry. Monthly heartworm, preventatives prescribed medications and over the counter products are discounted 10%. All pets are eligible for enrollment in the program at any time or for Annual or Semi- Annual scheduled vaccinations.

HEALTH CARE PLAN

ANNUAL CANINE MEMBERSHIP	\$189.00
ANNUAL FELINE MEMBERSHIP	\$179.00
FIRST YEAR PUPPY/KITTEN MEMBERSHIP	\$239.00

ANNUAL CANINE

Vaccinations for Distemper, Hepatitis, Parainfluenza, Parvovirus, Bordetella, Leptospirosis and Rabies (*)

Dr. Examination \$14.85(*)

ANNUAL FELINE

Vaccinations for Distemper, Rhino-Calici (FVRCP), Chlamydia and Rabies.

Dr. Examination \$14.85(*)

6-MONTH CANINE BOOSTERS

Vaccinations for Parvovirus, Coronavirus and Bordetella.

Dr. Examination \$14.85(*)

PUPPY VISIT #1-2

Vaccinations for Distemper, Hepatitis, Parainfluenza, Paravovirus (DA2PP), and Bordetella.

Dr. Examination \$14.85(*)

PUPPY VISIT #3-4

Vaccinations for Distemper, Hepatitis, Parainfluenza, Paravovirus (DA2PP), Leptospirosis, and Rabies with the last set. (*)

Dr. Examination \$14.85(*)

KITTEN VISIT #1-2

Vaccinations for Distemper, Rhino-Calici (FVRVP), and Chlamydia.

Dr. Examination \$14.85(*)

KITTEN VISIT #3- 4

Vaccinations for Distemper, Rhino-Calici (FVRCP), Chlamydia and Rabies.

Dr. Examination \$14.85(*)

LABORATORY FEES 50% OFF

Fecal (microscopic parasite) Exam
Urinalysis
Ear Cytology
Heartworm Test
Giardia Test
Parvo Snap Test
Radiology
Skin Scraping
All in-House Lab-Fees 50% off

100% OFF VACCINES

20% OFF SURGICAL SERVICES

20% OFF DENTAL CLEANING** (**Cannot combine with specials)

*OSHA regulations require the proper disposal of biohazardous wastes. This includes the disposal of any syringes.

A \$6.95 charge will be applied when biohazardous waste is generated.

*County Licenses and registration are not included in the cost of vaccination and is the responsibility of the pet owner.

*\$20.00 record transfer charge will be applied

Services that are not covered are:

- After Hours Emergency Care
- Specialist Referral
- County Licenses (Rabies Tag, Health Certificates)
- Prescription food Diets
- Feline Leukemia/FIV Test
- Leptospirosis Vaccine

THE HEALTH CARE membership is NOT TRANSFERABLE from one pet to another, but can be transferred in the case of a new ownership. **THE HEALTH CARE PLAN IS NOT REFUNDABLE.**

Please make appointment to schedule routine visits and non-emergency visit in order for us to serve you better. The hours of operations are as follow.

EFFECTIVE JUNE 1, 2022

MONDAY to FRIDAY **8 am – 7 pm**

SATURDAY **8 am – 4pm**

SUNDAY **CLOSED**

I hereby authorize the veterinarian and his/her assistance to examine, prescribe for, or treat the above described pet(s). I assume responsibility for all charges incurred in the care of this animal. The nature of such services has been described to me, to my satisfaction, and I expect all procedures to be done to the best abilities of the professional staff. I understand that there is no guarantee or warranty that can be ethically or professionally made regarding results or cures. I also understand that I will not receive a refund on any type of medication and/or vitamins. I agree that all charges will be paid in full at the time of provided services. Full payment shall be required before any surgical procedure.

Signature of Owner or Agent

_____ Date _____