

2019 EQUINE WELLNESS PROGRAM - {NAME}

	Actual Cost		After 20% Discount	
BASIC PLAN:				
ANNUAL				
Yearly Coggins Test	\$32	<input type="checkbox"/>	\$25	_____
Yearly Rabies Vaccine	\$18	<input type="checkbox"/>	\$15	_____
Physical Exam	\$50	<input type="checkbox"/>	\$40	_____
SUBTOTAL:	\$100		\$80	_____
SPRING (February-April)				
Spring Fecal Exam	\$22	<input type="checkbox"/>	\$18	_____
Spring 2ET	\$22	<input type="checkbox"/>	\$18	_____
Spring West Nile	\$40	<input type="checkbox"/>	\$32	_____
Spring Rhino	\$30	<input type="checkbox"/>	\$24	_____
Spring Influenza	\$10	<input type="checkbox"/>	\$8	_____
Spring Potomac Horse Fever	\$38	<input type="checkbox"/>	\$30	_____
SUBTOTAL:	\$162		\$130	_____
FALL (August-October)				
Fall Fecal Exam	\$22	<input type="checkbox"/>	\$18	_____
Fall 2ET	\$22	<input type="checkbox"/>	\$18	_____
Fall West Nile	\$40	<input type="checkbox"/>	\$32	_____
Fall Rhino	\$30	<input type="checkbox"/>	\$24	_____
Fall Influenza	\$10	<input type="checkbox"/>	\$8	_____
Fall Potomac Horse Fever	\$38	<input type="checkbox"/>	\$30	_____
SUBTOTAL:	\$162		\$130	_____
TOTAL FOR THE BASIC PLAN:	\$424		\$340	_____

If your horse has never been vaccinated for a particular disease before, you will need to have boosters 4 weeks after the initial injection.

Choose from the following:

2ET Booster	\$22	<input type="checkbox"/>	\$18	_____
West Nile Booster	\$40	<input type="checkbox"/>	\$32	_____
Rhino Booster	\$30	<input type="checkbox"/>	\$24	_____
Influenza Booster	\$10	<input type="checkbox"/>	\$8	_____
Potomac Horse Fever	\$38	<input type="checkbox"/>	\$30	_____

Add the Farm Calls

Choose from the following:

Spring 1st Vaccines Farm Call (one owner farm)	\$52	<input type="checkbox"/>	\$42	_____
Spring/Fall Boosters Farm Call (one owner farm)	\$52	<input type="checkbox"/>	\$42	_____
Spring 1st Vaccines Farm Call (per owner @ boarding barn with four or more sharing the trip)	\$26	<input type="checkbox"/>	\$20	_____
Spring/Fall Boosters Farm Call (per owner @ boarding barn with four or more sharing the trip)	\$26	<input type="checkbox"/>	\$20	_____

2019 EQUINE WELLNESS PROGRAM - {NAME}

The following services are also eligible for a 20% discount if elected during the sign-up process. Please mark the services you wish to select.

ADDITIONAL OPTIONS (completed on spring or fall farm call)

DENTISTRY AND SHEATH CLEANING

Yearly Dental Exam/Teeth Float	\$175	<input type="checkbox"/>	\$140	_____
Sheath Cleaning w/Dentistry	\$50	<input type="checkbox"/>	\$40	_____
Sheath Cleaning w/o Dentistry	\$86	<input type="checkbox"/>	\$69	_____

VACCINATIONS FOR "HIGH RISK" HORSES

Strangles Spring 1st Vaccine (February-April)	\$32	<input type="checkbox"/>	\$26	_____
Strangles Spring Booster	\$32	<input type="checkbox"/>	\$26	_____
Strangles Fall (September-December)	\$32	<input type="checkbox"/>	\$26	_____
<i>Choose from the following:</i>				
Strangles 1st Farm Call (one owner farm)	\$52	<input type="checkbox"/>	\$42	_____
Spring/Fall Booster Farm Calls (one owner farm)	\$52	<input type="checkbox"/>	\$42	_____
Strangles 1st Farm Call (per owner @ boarding barn)	\$26	<input type="checkbox"/>	\$20	_____
Spring/Fall Bst Farm Calls (per owner @ boarding barn)	\$26	<input type="checkbox"/>	\$20	_____

VACCINATIONS FOR "HIGH RISK" HORSES (cont.)

Rhino Summer 1st Vaccine (May-July)	\$30	<input type="checkbox"/>	\$24	_____
Rhino Summer Booster Vaccine	\$30	<input type="checkbox"/>	\$24	_____
Rhino Winter Vaccine (November-January)	\$30	<input type="checkbox"/>	\$24	_____
<i>Choose from the following:</i>				
Rhino 1st Farm Call (one owner farm)	\$52	<input type="checkbox"/>	\$42	_____
Spring/Fall Rhino Booster Farm Calls (one owner farm)	\$52	<input type="checkbox"/>	\$42	_____
Rhino 1st Farm Call (per owner @ boarding barn)	\$26	<input type="checkbox"/>	\$20	_____
Spring/Fall Rhino Booster Farm Calls (per owner @ boarding barn)	\$26	<input type="checkbox"/>	\$20	_____

Additional trip charges _____

TOTAL: _____



2019 Wellness Plan Authorization Form

Patient Name: _____ {NAME}

Patient ID _____ {PATIENTID}

Age: _____ {AGE}

Breed: _____ {BREED}

Owner's Name: _____ {FULLNAME}

Owner ID _____ {ID}

Additional Comments: _____ {ADDITIONALCOMMENTS}

Amount Enclosed: _____ {AMOUNTENCLOSED}

Payment is due by March 1st or the first appointment, whichever comes first. Any of the Wellness Plan services added to the Wellness Plan After March 1st will be charged at full price (including extra farm calls). This program is non-refundable by voluntary withdrawal. However, this program is transferable if the horse changes ownership. In case of death before program completion, the remainder of services due will be refunded. If dentistry is determined unnecessary at the time of examination, the portion prepaid for this service will roll-over to the following year's Wellness Plan. No other services can be rolled-over to the following year.

Signature: _____

Date: _____ {CURRENTDATE[LONG]}

*Note: If you would like to spread out vaccines, we would be more than happy to accommodate you. Please make a note on the Authorization Form under "Additional Comments" and make sure to add any additional Farm Call charges to your total.