



2020 Wellness Plan Authorization Form

Patient Name: _____

Patient ID _____

Age: _____

Breed: _____

Owner's Name: _____

Owner ID _____

Additional Comments: _____

Amount Enclosed: _____

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:

*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.

2020 EQUINE WELLNESS PROGRAM -

	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	\$60	<input type="checkbox"/>	\$48	_____
SUBTOTAL:	\$110		\$88	_____

SPRING (February-April)				
Spring Fecal Exam	\$22	<input type="checkbox"/>	\$18	_____
Spring 2ET Booster	\$22	<input type="checkbox"/>	\$18	_____
Spring West Nile Booster	\$43	<input type="checkbox"/>	\$35	_____
Spring Rhino & Influenza Booster	\$30	<input type="checkbox"/>	\$24	_____
Spring Potomac Horse Fever Booster	\$38	<input type="checkbox"/>	\$31	_____
Farm Call	\$55	<input type="checkbox"/>	\$44	_____
SUBTOTAL:	\$210		\$170	_____

FALL (August-October)				
Fall Fecal Exam	\$22	<input type="checkbox"/>	\$18	_____
Fall 2ET Booster	\$22	<input type="checkbox"/>	\$18	_____
Fall West Nile Booster	\$43	<input type="checkbox"/>	\$35	_____
Fall Rhino & Influenza Booster	\$40	<input type="checkbox"/>	\$24	_____
Fall Potomac Horse Fever Booster	\$38	<input type="checkbox"/>	\$31	_____
Farm Call	\$55	<input type="checkbox"/>	\$44	_____
SUBTOTAL:	\$210		\$170	_____

TOTAL FOR THE BASIC PLAN:	\$530		\$428	_____
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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 First	\$22	<input type="checkbox"/>	\$18	_____
West Nile First	\$43	<input type="checkbox"/>	\$35	_____
Rhino & Influenza First	\$40	<input type="checkbox"/>	\$24	_____
Potomac Horse Fever First	\$38	<input type="checkbox"/>	\$31	_____
Farm Call	\$55	<input type="checkbox"/>	\$44	_____
SUBTOTAL:	\$198		\$152	_____

2020 EQUINE WELLNESS PROGRAM -

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	_____
Microchip	\$35	<input type="checkbox"/>	\$28	_____
SUBTOTAL:	\$260		\$208	_____

VACCINATIONS FOR "HIGH RISK" HORSES

Strangles Spring 1st Vaccine	\$50	<input type="checkbox"/>	\$40	_____
Strangles Spring Booster	\$50	<input type="checkbox"/>	\$40	_____
Leptospirosis 1st Vaccine	\$42	<input type="checkbox"/>	\$34	_____
Leptospirosis Booster	\$42	<input type="checkbox"/>	\$34	_____
Lyme First	\$53	<input type="checkbox"/>	\$43	_____
Lyme Booster	\$53	<input type="checkbox"/>	\$43	_____
SUBTOTAL:	\$290		\$234	_____

* If there is a history of Moon Blindness they can not have the Lepto Vaccine*

VACCINATIONS FOR "HIGH RISK" HORSES (cont.)

Rhino Summer Booster	\$30	<input type="checkbox"/>	\$24	_____
Rhino Winter Booster	\$30	<input type="checkbox"/>	\$24	_____
Farm Call	\$55	<input type="checkbox"/>	\$44	_____
SUBTOTAL:	\$115		\$92	_____

TOTAL: _____