

# Hanover Park Animal Care Center

## Puppy Wellness Plan Preventative Care Schedule



| Visit  | Age         | Service   | Regular Fee | Silver          | Gold              |
|--|-------------|---|-------------|-----------------|-------------------|
| <b>Visit 1</b>   | 8- 9 Weeks  | Office Visit  | \$47.00     | FREE            | FREE              |
|  |             | "Introduction" Comprehensive Exam   | \$50.00     | Included        | Included          |
|  |             | Distemper/Parvo Combo Vaccine   | \$20.50     | Included        | Included          |
|  |             | Bordetella Vaccine  | 22.00       | Included        | Included          |
|  |             | Intestinal parasite fecal exam  | \$28.50     | Included        | Included          |
|  |             | Deworming   | \$20.00     | Included        | Included          |
| <b>Visit 2</b>   | 11-12 Weeks | Office Visit  | \$47.00     | FREE            | FREE              |
|  |             | Distemper/Parvo Combo Vaccine   | \$20.50     | Included        | Included          |
|  |             | Leptospirosis Vaccine   | \$17.50     | Included        | Included          |
|  |             | Influenza (H3N8) Vaccine  | \$29.50     | Included        | Included          |
|  |             | Influenza (H3N2) Vaccine  | \$29.50     | Included        | Included          |
|  |             | Bordetella Vaccine  | \$22.00     | Included        | Included          |
| <b>Visit 3</b>   | 14-16 Weeks | Office Visit  | \$47.00     | FREE            | FREE              |
|  |             | Distemper/Parvo Combo Vaccine   | \$20.50     | Included        | Included          |
|  |             | Leptospirosis Vaccine   | \$17.50     | Included        | Included          |
|  |             | Influenza (H3N8) Vaccine  | \$29.50     | Included        | Included          |
|  |             | Influenza (H3N2) Vaccine  | \$29.50     | Included        | Included          |
|  |             | Rabies Vaccine (1 year)*<br>*Preferably given between 14- 16 weeks                  | \$20.00     | Included        | Included          |
| <b>Visit 4</b>   | 17-19 Weeks | Office Visit  | \$47.00     | FREE            | FREE              |
|  |             | Distemper/Parvo Combo Vaccine*  | \$20.50     | Included        | Included          |
|  |             | Lyme Vaccine  | \$35.50     | Included        | Included          |
|  |             | Intestinal parasite fecal exam  | \$28.50     | Included        | Included          |
|  |             | *4th Distemper isn't needed for all dogs  |             |                 |                   |
| <b>Visit 5</b>   | 19-21 Weeks | Office Visit  | \$47.00     | FREE            | FREE              |
|  |             | Lyme Vaccine  | \$35.50     | Included        | Included          |
|  |             | Ovarionhysterectomy Surgery (Spay)*   | \$260.00    | Discounted      | Included          |
|  |             | Pre-anesthetic Blood Work   | \$60.75     | Discounted      | Included          |
|  |             | -Blood Cell Count   |             |                 |                   |
|  |             | -Differential exam of blood cells   |             |                 |                   |
|  |             | -Internal organ function screen   |             |                 |                   |
|  |             | -Electrolytes<br>*Example for spay. Regular fee would vary for castration (neuter). |             |                 |                   |
| <b>Visit 6</b>   | > 6 Months  | Office Visit  | \$47.00     | FREE            | FREE              |
|  |             | "Graduation" Comprehensive Exam   | \$50.00     | Included        | Included          |
|  |             | Bordetella Vaccine  | \$22.00     | Included        | Included          |
|  |             | Heartworm/Lyme/Ehrlicia Test  | \$50.00     | Included        | Included          |
| <b>Total Value of Services</b>                                   |             |   |             | <b>\$842.00</b> | <b>\$1,162.75</b> |
| <b>Estimated 1st Year Savings (if all services are provided)</b> |             |   |             | <b>\$470.00</b> | <b>\$430.75</b>   |
| <b>Wellness Plan One-Time Enrollment Fee</b>                     |             |   |             | <b>\$30.00</b>  | <b>\$30.00</b>    |
| <b>Wellness Plan Monthly Payment</b>                             |             |   |             | <b>\$31.00</b>  | <b>\$61.00</b>    |
| <b>Wellness Plan Year Total</b>                                  |             |   |             | <b>\$372.00</b> | <b>\$732.00</b>   |