2019 Wellness Package

|  |  |  |
| --- | --- | --- |
|  | Level 1 | Level 2 |
| Physical Exam | 2 | 2 |
| Motorized Dentistry/Exam + Sedation | 1 |  |
| EWT | 2 | 2 |
| Flu/Rhino | 2 | 2 |
| WNV | 2 | 2 |
| Potomac Horse Fever | 2 | 2 |
| Rabies | 1 | 1 |
| Coggins | 1 | 1 |
| Fecal Egg Count | 2 | 2 |
|  | $495 | $375 |

Microchip- $45

Sheath Cleaning- $35

Terms and Conditions

* Payment in full is required at the time of enrollment and prior to the appointment date.
* If an enrolled horse is sold or dies you may transfer the balance to another horse
* Farm calls are not included. Farms with 5 or more horses receiving Wellness Plan services will have the farm call waved.
* Clients with 3 or more horses enrolled will receive a $25 discount per package.­­­­­­­­­­­­­­

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Enrollment

Owner Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Horse Name** | **Age** | **Breed** | **Gender** | **Package** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Payment Method: Cash Check MasterCard Visa American Express Discover

Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Security Code: \_\_\_\_\_\_\_\_\_\_\_\_ Billing Zip code: \_\_\_\_\_\_\_\_\_\_\_\_\_ Total: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_