

Barber Creek Veterinary Hospital Pre-Paid Puppy Vaccination Program

Thousands of puppies are adopted by owners every year. It is an unfortunate fact that most of these pets do not receive their initial series of vaccinations. These vaccines are extremely important for a pet's healthy development. The reasons owners fail to have their pets properly vaccinated are varied - it may be lack of understanding or a lack of necessary funds. To help reduce the total costs of these important preventative health measures, Barber Creek Veterinary Hospital offers a pre-paid vaccination program. This program provides an overall reduction in the client's puppy vaccination expenses.

The program includes all necessary services for a young puppy:

- Four physical examinations by a veterinarian at Barber Creek Veterinary Hospital
- Four Canine Distemper (DHP) vaccinations (Canine Distemper Adenovirus and Parainfluenza)
- Five Parvovirus vaccinations
- Three Coronavirus vaccinations
- Two Lyme vaccinations
- One Infectious Tracheobronchitis vaccination (Bordetella)
- One intestinal parasite examination
- Three dewormings for common intestinal parasites (Roundworms, Hookworms)
- One Rabies vaccination
- A monthly supply of Sentinel (Heartworm preventative) at each puppy visit (up to five doses)
- One free dose of Flea preventative
- One 6 pound container of Proplan Puppy Chicken & Rice food

This program does not cover treatment of illness, parasites other than Hookworms, Roundworms, or Whipworms, or any problem outside the realm of preventative puppy vaccinations and routine dewormings.

The normal fees for the components of the program cost a total of \$500. The pre-paid program cost is \$295 - a savings of over \$200!! The program is paid **IN FULL** at the visit for the **FIRST** set of vaccines.

Eligible pets must be between 6 weeks and 4 months of age. The program is for one puppy only and cannot be transferred to another pet. THE FEE IS NON-REFUNDABLE if, for any reason, the puppy is unable to complete the series. The owner is responsible for ensuring that the series is completed within four months of the first visit.

I wish to take advantage of the Pre-Paid Puppy Vaccination Program as described above. By signing below, I acknowledge that I have read the above program description and understand the condition of participation. I understand that the fee is non-refundable if my pet is unable to complete the program.

Pet's Name _____

Owner's Signature _____ Date _____