

## WELLNESS ESTIMATE 7 YEARS OLD AND OVER

As you know, our pets age 7 times faster than we do. One year of our life is equivalent to 7 years for them. Because they age more quickly, medical problems become an issue earlier. The purpose of our wellness program is to catch these problems early before they can cause significant clinical symptoms or possibly shortens the life of your pet.

<u>Procedure (Adult Wellness over 7 years)</u>	<u>Cost</u>	<u>Routine Cost</u>
Comprehensive <b>Senior</b> Wellness Check-up Exam	<b>FREE</b>	57.00
Fecal Exam (check for intestinal parasites and evidence of early bowel disease such as blood and/or mucous)	18.00	30.00
Tonometry (checks for glaucoma)	18.50	35.00
Complete Urinalysis Screen (Checks for signs of early bladder infections or evidence of bladder stones. Also an early diabetic detector)	26.50	65.00
ECG Heart Screen (Checks for early signs of heart disease)	57.00	105.00
Blood Chemistry/CBC/Electrolytes/Thyroid	105.00	190.00
Nail Trim	<u>10.00</u>	<u>18.00</u>
TOTAL	<b>\$235.00</b>	<b>\$500.00</b>
<b>TOTAL SAVINGS:</b>		<b>\$265.00</b>

Because we believe so much in preventative medicine, we offer the above Wellness Program at a significant savings. Our goal is to encourage you to continue to be proactive with the health of your pet.

**Optional Tests to ensure the health of your Pet:**

	<b>Cost</b>	<b>Routine Cost</b>
<b>4DX :</b>	_____ <b>60.00</b>	<b>86.00</b>
<b>FELV / FIV Test :</b>	_____ <b>50.00</b>	<b>70.00</b>
<b>Feline HWTO :</b>	_____ <b>30.00</b>	<b>49.00</b>

**PRO BNP Canine or Feline : Checks for heart problems where sudden death can occur in Dog and Cat Breeds with known heart issues.**

\_\_\_\_\_ **80.00**                      **100.00**

**DENTALS ( LARGE \$ 300.00 ) (MED \$ 250.00 ) (SMALL \$ 235.00 ) If done with the Wellness, the Dentals will be discounted by 15 %**

Due to the extended time involved with the exam and procedures, we will need to keep your pet for the day until all of the scheduled procedures or treatments are done. We will call you when everything has been completed.

Date \_\_\_\_\_ Patient \_\_\_\_\_

Client Signature \_\_\_\_\_ Phone # \_\_\_\_\_