

# PET SAM HEALTH CARE PLAN

Pet Samaritan Veterinary Clinic 2480 E. Burnside St. Portland, Oregon 97214 Ph: (503)233-5001 www.petsam.com

## Vaccinations

Puppy/kitten vaccination series	FREE
*DHPP (Dogs - annual or 3yr)	FREE
*Bordetella (Dogs - annual)	FREE
*Parvo (Dogs only - annual)	FREE
*Lepto (Dogs - annual)	FREE
*FVRCP (Cats - annual or 3yr)	FREE
*FELV (Cats - annual)	FREE
*Rabies (Cats & Dogs - annual)	FREE

## Professional Services

Office Visits	50% off
Follow-up exams	50% off
Radiology	50% off
Spay & Neuter	25% off
Dentistry	25% off
In-House Ultrasound	25% off
Hospitalization	25% off
Minor/Major Surgery	25% off
Laboratory Testing	25% off
Medications & Injections	25% off
Treatment/Surgical Supplies	25% off
Prescription Medication	25% off

*(only dispensed by clinic)*

## Additional Services

Nail Trim	10% off
Retail products	10% off
<i>(only sold in clinic)</i>	
Prescription Diets	5% off

### Exclusions:

**(\*) This plan covers only one full set of core vaccines per membership premium.**

\* Boarding \* Emergency or veterinary care other than that at our facilities \* Cosmetic surgery \* Current illness or injury \* Emergency or veterinary care performed by non-staff members and facilities \* Elective Rattlesnake, Giardia, Corona, Lyme, Flu vaccines \* Allergy testing and treatment sets \* Radiology consultations

All accounts must be paid in full at time of service or discharge and a 50% deposit is required on all animals hospitalized. If you cannot pay your account at the time of service or discharge, you will not receive this discount.

This plan covers treatment and services for your pet(s) described in this application for a period of one (1) year after you execute this agreement.

All enrollment premiums are non-refundable and non-transferable for any condition or reason. Prices and discounts are subject to change without notice.

Client Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ ZipCode: \_\_\_\_\_

Pets Name:	Breed:	Color(s):	Sex:	Age / Weight:
1) _____	_____	_____	_____	_____/____
2) _____	_____	_____	_____	_____/____
3) _____	_____	_____	_____	_____/____
4) _____	_____	_____	_____	_____/____

I hereby become a member of the PET SAM HEALTH CARE PLAN and enroll my pet(s) described in this application, and I certify that all statements therein are true and correct. I hereby agree to pay the plan year coverage.

### Annual fee per pet:

1 Month through 11 years old    \$265.00 = \_\_\_\_\_    All ages Annual Renewal Fee Per Pet    \$210.00 = \_\_\_\_\_  
 12 Years and older    \$370.00 = \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Representative: \_\_\_\_\_ Date: \_\_\_\_\_

ORDER  
TODAY  
and  
SAVE!

Check or Money Order

CALL US: 503-233-5001 or MAIL PAYMENT TODAY!

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