

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

| | |
|------------------------------|---------|
| Bathing | 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 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 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, beginning seven (7) days after you execute this agreement.

All enrollment premiums are non-refundable 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 \$220.00 = _____ All ages Annual Renewal Fee Per Pet \$185.00 = _____
 12 Years and older \$349.00 = _____

Applicant's Signature: _____ Date: _____

Applicant's Representative: _____ Date: _____



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