



199 Post Road West  
 Westport, CT 06880  
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 schulhofanimalhospital.com

## KITTEN WELLCARE PLAN REGISTRATION

<u>Owners Information</u>	
Name: _____	
Address: _____	
Home Phone: ( _____ ) _____ - _____	Work Phone: ( _____ ) _____ - _____

<u>Pet's Information</u>	
Name: _____	
Species: _____ Sex: _____ Breed: _____ Color: _____	

I understand that the Schulhof Animal Hospital Kitten WellCare Plan **is not a form of pet health insurance** but is a discounted package of basic services for my kitten which includes the following:

Included Services: <ul style="list-style-type: none"> <li>○ 30 min Comprehensive Initial Exam</li> <li>○ 20 min WellCare Visit (up to 3)</li> </ul>	Included Treatments: <ul style="list-style-type: none"> <li>○ De-worming (up to 2)</li> </ul>
Included Vaccines: <ul style="list-style-type: none"> <li>○ Rabies Vaccine</li> <li>○ FVRCP Vaccine (up to 3)</li> </ul>	Included Tests: <ul style="list-style-type: none"> <li>○ Feline Leukemia and FIV Test</li> <li>○ Fecal Test - Ova &amp; Parasites w/ Giardia</li> <li>○ Fecal Test - Ova &amp; Parasites</li> </ul>

I understand that services provided in this Plan are not priced individually, and should my kitten not require certain services, no further discount is available.

I understand that upon signing up for the Kitten WellCare plan my pet will be assigned, for the duration of this contract, to which ever doctor performs my kitten's initial visit. The only exception that will be made is if the assigned doctor is not available for an extended period of time.

I understand that this Plan provides basic well care services and **DOES NOT** cover sick or injured visits, medications, flea and tick treatments, heartworm preventatives, tests, infectious or congenital diseases, or procedures recommended or necessitated by injuries.

**I further understand that this Plan will only remain in effect through my kitten's first seven months of life. If, for any reason, my kitten has not been available to receive the services described above prior to my kitten achieving 7 months of age, the services available in this Plan will terminate.**

I agree to pay the entire fee of \$455.00 for this Plan at enrollment immediately following my kitten's comprehensive physical exam. I also agree to pay for any additional products, services, medications, tests, or procedures provided by Schulhof Animal Hospital to me and my kitten that are not specifically listed as being provided in this Plan.

\_\_\_\_\_ Date \_\_\_\_\_  
 Owner