



199 Post Road West
Westport, CT 06880
(203) 226-1231
schulhofanimalhospital.com

KITTEN WELLCARE PLAN REGISTRATION

Owners Information

Name: _____

Address: _____

Home Phone: (_____) _____ - _____ Work Phone: (_____) _____ - _____

Pet's Information

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 that covers my kitten's initial Comprehensive Physical Exam, as well as (1) rabies vaccine injection, up to (3) kitten distemper vaccine injections, up to (3) fecal exams, (2) de-wormings for round or hook worms, (1) giardia test, (1) test for feline leukemia/feline immunodeficiency virus, and up to (3) medical progress visits for the purpose of administering the above vaccines and performing the above tests, as well as the surgical cost of a routine spay or neuter for my kitten.

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 pet's initial visit. The only exception that will be made is if the assigned doctor is not available to perform the spay/neuter procedure on my pet. In such an event my pet will be referred to one of our other surgeons on staff for the procedure.

I understand that this Plan provides basic well care services and **DOES NOT** cover visits, medications, flea, tick, or heartworm preventatives, tests, or procedures recommended or necessitated by injuries, infectious or congenital diseases, or parasites other than round or hook worms. I also understand that the surgical portion of this Plan covers **routine** spay or neuter surgery, and should my kitten have a congenital or other abnormality there may be an additional surgical charge.

I also understand that this Plan **does not cover the pre-anesthetic blood work that is required prior to spay/neuter surgery**, nor does it cover radiography, electrocardiograms, or costs related to elective de-clawing surgery. Furthermore, should Schulhof Animal Hospital or its agents decide for any reason that spay or neuter surgery for my Kitten has added or unusual risk, I understand that SAH may, at any time, elect to discontinue the spay/neuter portion of this plan and refer my Kitten to a specialist.

I further understand that this Plan will only remain in effect through my kitten's first six months of life. If, for any reason, my kitten has not been available to receive the services described above prior to my kitten achieving 6 months of age, the services available in this Plan will terminate.

I agree to pay the entire fee of \$798.00 for this Plan in two installments, the first installment of \$399.00 at enrollment and prior to my kitten's comprehensive physical exam, and the second installment at the time of pre-anesthetic blood work prior to my kitten's spay/neuter surgery. 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