

Pine Street Animal Clinic
Dog Treatment Plan-COVID-19

Today's Date: _____ Appt time: _____ Parking slot #: _____
Owner's Name: _____ Contact phone #: _____
Make/model of vehicle: _____ Color of vehicle: _____
Pet's Name: _____ Breed: _____
Is your pet on Heartworm Prevention? _____ If yes, which product: _____
Is your pet on flea/tick prevention? _____ If yes, which product: _____
Typical diet fed _____

ASK US ABOUT OUR MONTHLY PAYMENT PLANS!!!!!!!!!!!!!!!!!!!!!!

WE STRONGLY RECOMMEND THAT FOR THE HEALTH AND WELL-BEING OF YOUR PET, THEY BE KEPT ON **HEARTWORM PREVENTION AND FLEA/TICK PREVENTION ALL YEAR ROUND!!!**

We will be happy to discuss these products and provide prices upon request

Dogs

Please initial beside the blank what you wish your dog to receive:

_____ **Annual vaccine package**.....\$145-\$157

- **Complete Physical Exam**
- **DaPPv-L booster** (*distemper/parvo vaccine*)
- **Bordetella booster** (*kennel cough vaccine*)
- **Fecal Flotation** (*tests for the presence of intestinal parasites*)
- **Heartworm test** (*tests for the presence of adult heartworms*)
- _____ **Rabies (1yr)**
- _____ **Rabies (3yr)** (*must have proof of previous 1 yr Rabies first*)

_____ **Six-month exam**.....\$114.75

- **Complete Physical Exam**
- **Bordetella booster** (*kennel cough vaccine*)
- **Fecal Flotation** (*tests for the presence of intestinal parasites*)
- **Heartworm test** (*tests for the presence of adult heartworms*)

_____ **Proheart 6 or Proheart 12** (6 or 12 months of continuous heartworm prevention)

Under 44# -	Proheart 6- \$48.40	Proheart 12- \$96.80
44-88# -	Proheart 6- \$71.50	Proheart 12- \$143.00
89-132# -	Proheart 6- \$85.80	Proheart 12- \$171.60
132# + -	Proheart 6- \$110.00	Proheart 12- \$220.00

_____ **Other Heartworm preventative** _____ # of doses _____

_____ **Flea/tick preventative** _____ # of doses _____

_____ **Wellness lab work** (used to detect the presence of early metabolic disease)

Please list any other problems or concerns that you would like for the doctor to address.

Client signature: _____

Date: _____