



Arlington Pet Hospital & Resort
 11065 Highway 70
 Arlington, TN 38002
 901-317-4412 (office)
 901-317-4402 (fax)

East Memphis Pet Hospital & Resort
 4626 Poplar Ave, Ste. 102
 Memphis, TN 38117
 901-317-4414 (office)
 901-684-0632 (fax)

Wolf River Pet Hospital & Resort
 7700 Wolf River Blvd., Ste. 101
 Germantown, TN 38138
 901-317-4416 (office)

S. Garrett Davis, DVM	Jennifer Bean Allen, DVM	Heather Laros-Beard, DVM	Alisha Hezel, DVM
Charles A. Rahm, Jr., DVM	Mary Hurley, DVM	Mary Marshall Fenton, DVM	Catie Jensen Gray, DVM
Lynsay Pannell, DVM	Melanie B. Fisher, DVM	Cam Hornsby, DVM	Nick Ivone, DVM

WELLNESS PACKAGE PLANS

Comprehensive Health and Wellness Package

Price = \$1230 (can be charged in 3 equal payments of \$410 every 4 months if owner desires)

- Annual Physical exam and Vaccines (All core vaccines + KC if needed, heartworm test and Fecal Examination)
- Comprehensive Wellness Bloodwork with Annual Exam
- Up to 4 radiographs per year if needed (up to 2 Primary views and 2 Secondary views)
- Bloodwork (CBC/Chem 12/Lipase/Lytes/Urinalysis – up to one of each per year)
- Up to Five (5) Physical Exam/Office Visits throughout the year

Basic Health and Wellness Package

Price = \$1008 (can be charged in 3 equal payments of \$336 every 4 months if owner desires)

- Annual Physical exam and Vaccines (All core vaccines + KC if needed, heartworm test and Fecal Examination)
- Basic Wellness Bloodwork with Annual Exam
- Up to 2 radiographs per year if needed
- Bloodwork (CBC/Chem 6/Lipase/Lytes/Urinalysis – up to one of each per year)
- Up to Five (5) Physical Exam/Office Visits throughout the year

Minor Health and Wellness Package

Price = \$705 (can be charged in 3 equal payments of \$235 every 4 months if owner desires)

- Annual Physical exam and Vaccines (All core vaccines + KC if needed, heartworm test and Fecal Examination)
- Basic Wellness Bloodwork with Annual Exam
- Urinalysis if needed
- Up to Five (5) Physical Exam/Office Visits throughout the year

*****Wellness Packages can ONLY be used during Normal Clinic Hours.
 Urgent Care Hours and Services Do NOT Apply*****



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Pet's Name

Client Last Name

EzyVet No.:

 ----- **Comprehensive Health and Wellness (\$410/3 months) - \$1230 year**

----- **Basic health and Wellness (\$336/3 months) - \$1008/year**

----- **Minor Health and Wellness (\$235/3 months) - \$705/year**

I do hereby authorize Arlington Pet Hospital, PLLC and East Memphis Pet Hospital to charge my credit card the above specified amount every 4 months, 3 times per year (a receipt will be mailed following each charge). I realize that this is an annual agreement and that these terms can only be altered annually.

X -----
Client Signature

Date

(Ver. 1/1/2022)

Card Info or Attach Copy

Credit Card Number: _____

Expiration Date: _____ Zip Code: _____ CVV/CID: _____

Payments Made

Date _____ Amount _____ Initials _____

Date _____ Amount _____ Initials _____

Date _____ Amount _____ Initials _____