| Canine Wellness Plans  | Puppy Basic | Puppy<br>Premium<br>Neuter | Puppy<br>Premium<br>Spay | Adult Basic | Adult<br>Premium | Senior<br>Ultimate |
|--|-------------|----------------------------|--------------------------|-------------|------------------|--------------------|
| Recommended Life Stage   | < 6 mos.    | < 6 mos.                   | < 6 mos.                 | > 6 mos.    | > 4 yrs.         | > 7 yrs.           |
| Comprehensive Physical Examination (x2) Unlimited free office visits and exams           | *****       | ****                       | ****                     | *****       | *****            | ****               |
| Vaccines – all recommended core vaccinations   | ÷.          | ÷.                         | ÷.                       | ÷.          | ÷.               | Ä.                 |
| Fecal examinations (for intestinal parasites) (x2)                                       | *           | *                          | *                        | *           | *                | *                  |
| Deworming for roundworms/hookworms (x3) (pricing based on estimate of deworming of \$30) | *           | *                          | *                        | *           |                  |                    |
| One interstate health certificate  | <b>*</b>    | <b>*</b>                   | <b>*</b>                 | ä           | ÷                | ***                |
| Nail trims and anal gland expression (1/2 price)   | ****        | ****                       | ****                     | *           | *                | *                  |
| Ear cytology   | *           | *                          | *                        |             |                  |                    |
| DNA test   | *           | *                          | *                        |             |                  |                    |
| Microchip  | *           | *                          | *                        | *           | *                | *                  |
| Spay/neuter package  |             |                            |                          |             |                  |                    |
| Pre-surgery examination  |             | *                          | *                        |             |                  |                    |
| Venipuncture fee   |             | *                          | *                        |             |                  |                    |
| Pre-surgery screening blood test   |             | *                          | *                        |             |                  |                    |
| Intravenous catheter and fluid   |             | *                          | *                        |             |                  |                    |
| Nursing care and monitoring  |             | *                          | *                        |             |                  |                    |
| Operating room fee   |             | *                          | *                        |             |                  |                    |
| Analgesic injection for pain   |             | *                          | *                        |             |                  |                    |
| Spay or neuter surgery Analgesic medication for home use (est.)                          |             | *******                    | *******                  |             |                  |                    |
| Americal become the and treat  |             |                            |                          | .**.        | .**.             |                    |
| Annual heartworm blood test  |             |                            |                          |             |                  | ******             |
| Venipuncture fee Complete blood count (CBC)  |             |                            |                          |             |                  | <b></b>            |
| Blood panel  |             |                            |                          | <b></b>     | <b></b>          | <b>3</b>           |
| Kidney screen – SDMA   |             |                            |                          | <b></b>     | <b></b>          | <b></b>            |
| Liver screen   |             |                            |                          | <b></b>     | <b></b>          | <b>3</b>           |
| Electrolytes   |             |                            |                          |             |                  | <b></b>            |
| Proteins   |             |                            |                          | <u></u>     | <u> </u>         | 3                  |
| Glucose (diabetes screen)  |             |                            |                          |             | <u></u>          | 3.                 |
| Urinalysis   |             |                            |                          | ÷           | **               |                    |
| Total T4   |             |                            |                          | _           | _                | ****               |
| Total for Junior Wellness  |             |                            |                          | *           | *                | •                  |
| Total for Senior Wellness  |             |                            |                          | -           | -                | *                  |
| Blood pressure   |             |                            |                          |             | *                | **                 |
| Dental prophylaxis package   |             |                            |                          |             |                  |                    |
| Pre-dental examination   |             |                            |                          |             | *                | *                  |
| Pre-dental screening blood test  |             |                            |                          |             |                  |                    |
| Intravenous catheter and fluid   |             |                            |                          |             | *****            | *****              |
| Nursing care and monitoring  |             |                            |                          |             | *                | *                  |
| Dental cleaning and polishing  |             |                            |                          |             | *                | *                  |
| Thoracic radiographs (Xrays) – 3 views   |             |                            |                          |             |                  | *                  |
| Monthly Fee  | 75.50*      | 129.50*                    | 135.50*                  | 69.50*      | 120.50*          | 155.50*            |
| Annual plan cost   | 906         | 1554                       | 1626                     | 834         | 1446             | 1866               |
| A la carte (if only two exams are done)  | 1076        | 1858                       | 1923                     | 999         | 1718             | 2228               |
| Savings  | 170         | 304                        | 297                      | 165         | 272              | 362                |

<sup>\*</sup>all plans have a one-time membership fee of \$79