



HIALEAH ANIMAL CLINIC

14525 SW 42nd St
Miami, FL 33175
(305) 225-3116

HEALTH CARE PLAN

Last Name: _____ Name: _____ Account # _____

Address: _____ City _____ Zip Code _____

Phone No _____ Emergency No. _____

Pet's Name: _____ Birth date: _____

Feline ___ Canine ___ Breed: _____ Male _____ Female _____

BENEFIT OF THE HEALTH CARE PLAN

All office visits are reduced to \$ 14.95 the plan includes all vaccinations. All In-house laboratory work and testing are reduced by 50%, all medical services are reduced by 20%. These discounts apply to services of the **Hialeah Animal Clinic** as bathing, x-rays, deworming, anesthesia, surgery and dentistry. Monthly heartworm preventives, prescribed medications, and over the counter products are discounted by 10%. All pets eligible for enrollment in the program at any time or for Annual or Semi-Annual scheduled vaccinations.

ANNUAL CANINE MEMBER SHIP.....	\$ 189.00
ANNUAL FELINE MEMBER SHIP	\$ 179.00
FIRST YEAR PUPPY/KITTEN MEMBERSHIP.....	\$ 239.00

ANNUAL CANINE Doctor Examination.....\$14.95

Vaccinations for Distemper, Hepatitis, Parainfluenza, Parvovirus Bordetella and Rabies (*)

ANNUAL FELINE Doctor Examination.....\$14.95

Vaccinations for feline viral Rhinotracheitis, Panleukopenia, Calcivirus, Chlamydia and Rabies (*)

CANINE BOOSTERS (6 months) Doctor Examination \$14.95

Vaccinations for Distemper, Hepatitis, Parainfluenza, Parvovirus and Bordetella

PUPPY VISIT #1 - 2 Doctor Examination.....\$14.95

Vaccinations for Distemper, Hepatitis, Parainfluenza, Parvovirus and Bordetella

PUPPY VISIT #3 - 4 Doctor Examination.....\$14.95

Vaccinations for Distemper, Hepatitis, Parainfluenza, Parvovirus, Bordetella and Rabies (*)

KITTEN VISIT # 1 - 2 Doctor Examination.....\$14.95)

Vaccinations for feline viral Rhinotracheitis, Panleukopenia, Calcivirus, Chlamydia

KITTEN VISIT #3 - 4 Doctor Examination.....\$14.95 (*)

Vaccinations for feline viral Rhinotracheitis, Panleukopenia, Calcivirus, Chlamydia and Rabies (*)

(*) Rabies Vaccines is good for a year

IN-HOUSE LABORATORY FEES 50% OFF

FECAL EXAM
URINALYSIS
EAR CITOLOGY
HEARTWORM TEST
GIARDIA TEST
PARVO SNAP TEST
RADIOLOGY
SKIN SCRAPING

20% OFF SURGICAL SERVICES

20% OFF DENTAL CLEANING

25% OFF EMERGENCY SERVICES (*) only applies at Miami Pet Emergency Located at 11774 N. Kendall Drive, Miami FL 33186 - 305-273-8100

* OSHA regulations require the proper disposal of biohazardous Waste. This includes the disposal of any syringes. A \$ 6.95 charge will be applied when biohazardous Waste is generated.

* Miami Dade County Tag and Registration are not included in the cost vaccinations is the responsibility of the pet owner.

* \$20.00 record transfer charge will be applied

Services that are not covered are:

- After Hours Emergency Care
- Specialist Referral
- County Licenses (Rabies Tag, Health Certificates)
- Prescription Food Diets
- Feline Leukemia Test and Leukemia Vaccine
- Leptospirosis Vaccine

The **HEALTH CARE MEMBERSHIP** is **NOT TRANSFERABLE** from one pet to another but can be transferred in the case of a new ownership. **THE HEALTH CARE PLAN** is not **REFUNDABLE**. Please make an appointment to schedule routine visits and non-emergency visit in order for us to serve you better. The hours of operations are as follow.

MONDAY to FRIDAY	9:00 AM - 6:00 PM
SATURDAY	9:00 AM - 4:00 PM
SUNDAY	CLOSED

I hereby authorize the veterinarian and his/her assistance to examine, prescribe for, or treat the above described pet(s). I assume responsibility for all charges incurred, in the care of this animal. The nature of such services has been described to me, to my satisfaction, and while I expect all procedures to be done to the best abilities of the professional staff, I realize that there is no guaranteed or warranty that can be ethically or professionally made regarding the result or cure. I understand that I will not receive a refund on any type of medication and/or vitamins. I also understand that these charges will be paid at the time to release and that deposit may be required for surgical treatment. I understand that Hialeah Animal Clinic may not be present overnight, only during office hours.

Signature of Owner or Agent _____ Date _____

