



LAKESIDE ANIMAL HOSPITAL PET HEALTH CARE PLAN

INCLUDED IN THIS YEARLY PLAN

DISCOUNTED MEDICAL EXAMS - only \$25.00 per visit	UNLIMITED VALUE Normally \$48 per visit
12 FREE BATHS & DIPS ¹	\$228 - \$360 VALUE
7 days Free Boarding	\$130 - \$200 VALUE
Annual Vaccinations (once per year plan - Includes 6 Month Vaccines) 2 Heartworm Tests Yearly (does not include occult testing)	\$165 - \$190 Value
OR 2 Fecal Examinations Yearly Puppy/Kitten Vaccinations (does not include 1st year yearly vaccines) Includes 6 Month Vaccines	\$110 - \$260 Value
Total Package Value	\$690 to \$1020

EXTRA! EXTRA!

EXCLUSIVE OFFER WITH THIS PLAN
6 WEEKS OF ABSOLUTELY **FREE**
PET INSURANCE*

*MUST BE QUALIFIED BY INS. CO.- SEE BACK OF PAGE FOR DETAILS

ALL THESE BENEFITS FOR ONLY
\$330*

SAVE 48% ON MICROCHIP ONLY \$25 WITH THIS PLAN

TOTAL PRICE INCLUDING MICROCHIP \$35

This plan does not include any after hour emergencies or specialist referrals

Annual vaccines also include feline leukemia & feline infectious peritonitis or canine lyme vaccines

¹Severe flea problems add \$10 minimum, tick problems add \$25 minimum

***No cost 6 weeks of hassle free insurance.** Insurance restrictions and details are provided by **24PetWatch** Pet owners are solely responsible for signing up for the no cost insurance plan. Signing up and all communications are to be done though **24PetWatch** We are not an insurance broker therefore we are not allowed by law to broker insurance plans. If the owner fails to contact **24Pet-Watch** the insurance will not be activated. Owners must sign up by contacting the insurance company by calling **1-866-600-4814**. Since Lakeside Animal Hospital does not endorse or promote and does not get any remuneration from **24PetWatch** we are not responsible if for any reason your pet is not accepted by **24PetWatch** Restrictions apply. The hospital is providing this insurance information to make the owner aware of the possibility of obtaining pet insurance for a period of 45 days at no cost. I have read the above restrictions. INIT_____

Client _____ Pet _____

Date ____/____/____

Expiration date ____/____/____

Annual _____

Fecal _____

Heartworm _____

Observation _____

Bath _____

Canine/feline 6 mo. _____

Signature _____
Date _____ Exp ____/____/____
Witness _____
Non-transferable - nonrefundable