

A PERFECT WELLNESS PLAN FOR EVERY PET & BUDGET

The following guide is a starting point to help you decide which plan is best for you and your pet. Please refer to each plan's agreement form for a complete listing of services or ask us for help! Call us at 757-355-5694 for more information.

Birdneck Animal Hospital • 508 N. Birdneck Rd., Suite C, Virginia Beach, VA 23451

Electrocardiograms Twice A Year Chest X-Ray (2 views) Annually Additional Urinalysis Additional Urine Sediment Exam IV Fluids During Anesthesia

Urine Sediment Exam

Urinalysis

Dentistry Prophylaxis & Cleaning Annually,* or Spay/Neuter, includes:

- * Dental Fluoride Treatment
- * Anesthesia Monitoring Devices
- * Pre-anesthetic Electrocardiogram
- * One Day Hospitalization

General Anesthesia

I.V Catheter (includes blood test and other procedures in plan below)

* Rectal Exam (Doctor's discretion)

Blood Cell Count

Microscopic Exam of Blood Cells

Liver Screen

Kidney Screen

Diabetes Screen

Protein Levels

Electrolytes

Thyroid Hormone

SDMA

PRIMARY

Vaccine Boosters: Dogs: Distemper, Rabies, Bordatella, Leptospirosis, Lyme Cats: Distemper, Rabies, Feline Leukemia

* Otoscopic Exam

* Coat & Skin Evaluation

* Urogenital Evaluation

- * Cardiovascular Evaluation
- * Weight Assessment
- * Abdominal Palpation
- * Musculoskeletal Evaluation
- * Dental Exam
- * Pulmonary/Lung Evaluation * Neurolgic Evaluation

Heartworm Test (dogs only)

Bartonella Test (cats only)

Intestinal Parasite Fecal Exams (2X)

Twice Annual Deworming for Roundworms and Hookworms

Free Interstate Health Certificates (when needed)

Free Office Calls/Exams During Regular Hours

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One-time Membership Fee	\$99.95		\$99.95	\$99.95	\$99.95
Monthly Investment (automatic withdrawal)	\$46.00		\$57.00	\$121.00	\$151.00
Annual Plan Cost	\$552.00		\$684.00	\$1,452.00	\$1,812.00
Investment Per Day in Your Pet's Health	\$1.51		\$1.87	\$3.98	\$4.96
Cost without Plan up to *	\$886.00	9.	\$1,106.00	\$2,565.00	\$3,145.00
Annual Savings of up to *	\$334.00		\$422.00	\$1,113.00	\$1,333.00

^{*}Assumes 5 office visits per year and all covered services used.

BASIC PLUS

PREMIER/SEN