

# **PICK OF THE LITTER CLUB**

## **Bartow Animal Clinic**

**Dr. Timothy P. Brooks**

**1515 U.S. Hwy. 17 S.**

**Bartow, Fl. 33830**

**863-533-2424**

Congratulations on the new addition to your family. We at Bartow Animal Clinic are committed to providing the best quality service possible to you and your new pet. We offer the "Pick Of The Litter Club" to provide quality health care at an affordable price to get your new pet off to the right start.

Our puppy care package consists of four visits:

Visit 1: Complete Physical and Dental exam by Veterinarian  
5lb bag of Science Diet Puppy Food  
1<sup>st</sup>. Month dose of Frontline flea control.

6-8 1<sup>st</sup>. Month of Heartworm Prevention

Weeks Bottle of Vitamins (Petform)

1<sup>st</sup>. DA2PP Vaccine

1<sup>st</sup>. De Worming

Intestinal Parasite Exam

Puppy care tips and literature

Date \_\_\_\_\_ staff initials \_\_\_\_\_

Visit 2: 2<sup>nd</sup>. DA2PP Vaccine

2<sup>nd</sup>. De Worming

9-11 Puppy care tips as needed

Weeks Date \_\_\_\_\_ staff Initials \_\_\_\_\_

Visit 3: 3<sup>rd</sup>. DA2PP Vaccine

1<sup>st</sup>. Bordatella Vaccine

1<sup>st</sup> Leptospirosis

12-14 3<sup>rd</sup>. De Worming

Weeks Puppy care tips as needed

Date \_\_\_\_\_ staff initials \_\_\_\_\_

Visit 4: 4<sup>th</sup>. DA2PP Vaccine  
4<sup>th</sup>. De Worming  
15-17 Complete Physical and Dental Exam by Veterinarian  
Weeks 2<sup>nd</sup>. Bordatella Vaccine  
2<sup>nd</sup> Leptospirosis  
Intestinal Parasite Exam  
Puppy care tips as needed  
Date \_\_\_\_\_ staff initials \_\_\_\_\_  
Rabies Annual Vaccination

In addition to all of the above, when pet returns for Hysterectomy or Castration at 6 months of age you will receive 10% off surgery at that time.

This program is NON TRANSFERRABLE AND NON REFUNDABLE.

**This program is only valid if vaccines are done as directed and on time with the vaccine schedule as described on opposite page.** Hospital staff must initial each visit.

This document is not valid with out signature.

Pets name \_\_\_\_\_ Owner name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

I agree to all above and understand this program is purchased for pet described above only and is non transferable and non refundable.

Owners Signature \_\_\_\_\_

Office personnel signature \_\_\_\_\_

The cost of all these services purchased individually is approximately \$300.00.

Our special price for this puppy plan is \$170.00, a significant savings of approximately \$130.00. \$85.00 is due on your 1<sup>st</sup> and 2<sup>nd</sup> visit. This program only includes what is described in all four visits. Anything that is done between visits or in addition to vaccines is regular price and due when services are rendered. If owner chooses for pet to have a Hysterectomy or Castration, it must be performed before the pet's 1<sup>st</sup> birthday to receive a 10% discount.