

SmartVet Mobile Veterinary Service  
 1537 Fort Jesse Road, Normal IL 61761  
 Office: 309-830-6454  
 Fax: 309-319-2185  
[thesmartvet@gmail.com](mailto:thesmartvet@gmail.com)



Monday - Friday 7am – 7pm  
 Saturday 8am – 12pm  
 After Hours Emergency  
 Animal Emergency Clinic  
 309-665-5020

### Kitten Wellness Plan Checklist

Client \_\_\_\_\_ Pet \_\_\_\_\_ Client ID Number \_\_\_\_\_

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> <b>First Visit Date</b> _____        | <input type="checkbox"/> <b>Second Visit Date</b> _____   | <input type="checkbox"/> <b>Third Visit Date</b> _____       |
| <input type="checkbox"/> Doctor's Exam (\$72)                 | <input type="checkbox"/> Doctor's Exam (\$55)             | <input type="checkbox"/> Doctor's Exam (\$55)                |
| <input type="checkbox"/> RCP (FVRCP) 6-9 weeks (\$20)         | <input type="checkbox"/> RCP 9-12 weeks (\$20)            | <input type="checkbox"/> RCP 12-16 weeks (\$20)              |
| <input type="checkbox"/> 1 <sup>st</sup> Fecal (T808) (\$40)  | <input type="checkbox"/> 1 <sup>st</sup> FeLV (\$20)      | <input type="checkbox"/> 2 <sup>nd</sup> FeLV (\$20)         |
| <input type="checkbox"/> 1 <sup>st</sup> Deworming (\$10)     | <input type="checkbox"/> 2 <sup>nd</sup> Deworming (\$10) | <input type="checkbox"/> 2 <sup>nd</sup> Fecal (T805) (\$27) |
|   |   | <input type="checkbox"/> 3 <sup>rd</sup> Deworming (\$10)    |
|   |   | <input type="checkbox"/> Rabies vaccine 1 year (\$20)        |
|   |   | <input type="checkbox"/> Rabies registration (\$12)          |
| <input type="checkbox"/> Sterilization Surgery Date _____     |   |  |
| <input type="checkbox"/> FeLV/FIV test (Idexx) (\$67)         |   |  |
| <input type="checkbox"/> Pre-Surgery bloodwork (Idexx) (\$66) |   |  |
| <input type="checkbox"/> Microchip & registration (\$40)      |   |  |
| <input type="checkbox"/> Credit towards surgery (\$300)       |   |  |
| Bravecto Plus - 6 doses ( 1 year supply) (\$252)              |   |  |
| 1 <input type="checkbox"/> _____                              | 2 <input type="checkbox"/> _____                          | 3 <input type="checkbox"/> _____                             |
| 4 <input type="checkbox"/> _____                              | 5 <input type="checkbox"/> _____                          | 6 <input type="checkbox"/> _____                             |

**Plan Total = \$1,222.00**  
 Deposit = \$262.00 (amount due today)  
 Balance = \$960.00 (promissory note principal)  
 Monthly x 12 = \$80.00

**PLEASE NOTE:** Charges are based on typically expected services. Charges for your cat may vary based on your cat's needs. A corresponding increase or decrease in your **final** payment will be determined and automatically charged to bring your account to a zero balance. We do not give refunds or credits for unused plan items. Please make sure you keep your second and third appointments.