



## Why Choose a Preventative Care Package?

There are so many ways to spoil your pet's why not spoil them with veterinary care? At Lincolnway Veterinary Clinic, we treat your pet's like family! So we have designed a plan that is affordable and easy for you to keep your best friend up to date on preventative care!

Wellness plans allow you to pay monthly installments for your pet's care. Not only are the payments affordable , but they get your pet quality care at a discounted price!

# HOURS

Monday,  
Tuesday, Wednesday

7:30AM- 6PM

Thursday & Friday

7:30AM- 5PM

For an appointment call / text

574-256-1871

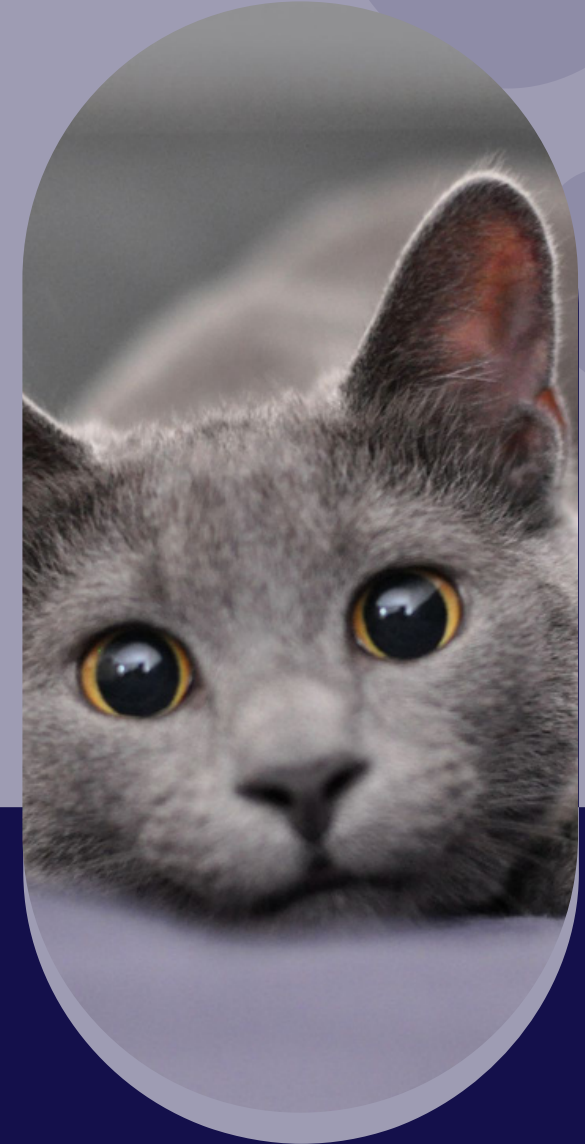
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**Lincolnway**  
VETERINARY CLINIC



**FELINE  
PREVENTATIVE  
CARE PACKAGES**

# WHAT IS INCLUDED IN OUR FELINE PREVENTATIVE CARE PLANS?

- Twice yearly nose to tail examinations.
- Recommended vaccinations for a year.
- Laboratory testing including a stool check each year, organ function, completed blood count.
- Discounts on Flea/tick and heartworm prevention.
- “Silver” plans include comprehensive bloodwork, thyroid check, 2 urinalysis, Blood pressure check, eye pressure check, thoracic radiographs
- “Gold” plans include comprehensive radiographs, and comprehensive abdominal and echocardiograms
- "Plus" plans include preventative dental cleaning, full mouth radiographs, placement of an IV catheter, IV fluids, anesthesia and surgical monitoring by a veterinary nurse.



| Health Care Product                                   | Bronze       | Bronze Plus    | Silver         | Silver Plus    | Gold           | Gold Plus      |
|---|--------------|----------------|----------------|----------------|----------------|----------------|
| "Nose To Tail" Twice Yearly Comprehensive Exams       | X            | X              | X              | X              | X              | X              |
| Annual Vaccines                                       | X            | X              | X              | X              | X              | X              |
| 2 Intestinal Parasite Exam                            | X            | X              | X              | X              | X              | X              |
| Fenline Leukemia and FIV Screening                    | X            | X              | X              | X              | X              | X              |
| 2 Nail Trims  | X            | X              | X              | X              | X              | X              |
| Basic Preventative Bloodwork                          | X            | X              |                |                |                |                |
| Comprehensive Preventative Bloodwork                  |              |                | X              | X              | X              | X              |
| Thyroid Check   |              |                | X              | X              | X              | X              |
| Urinalysis  |              |                | X              | X              | X              | X              |
| Additional Urinalysis                                 |              |                | X              | X              | X              | X              |
| Blood Pressure Check                                  |              |                | X              | X              | X              | X              |
| Eye Pressure Test                                     |              |                | X              | X              | X              | X              |
| Thoracic Radiograph Study                             |              |                | X              | X              | X              | X              |
| Comprehensive Radiographs of Chest and Abdomen        |              |                |                |                | X              | X              |
| Comprehensive Abdominal Ultrasound And Echocardiogram |              |                |                |                | X              | X              |
| Dental Cleaning                                       |              | X              |                | X              |                | X              |
| Discount on Heartworm & Flea/Tick Prevention          | 5%           | 10%            | 5%             | 10%            | 10%            | 15%            |
| <b>Approximate Cost Of Included Items</b>             | <b>\$650</b> | <b>\$1,350</b> | <b>\$1,400</b> | <b>\$2,500</b> | <b>\$2,700</b> | <b>\$3,000</b> |
| <b>Monthly Payment (+55 Enrollment Fee)</b>           | <b>\$46</b>  | <b>\$100</b>   | <b>\$104</b>   | <b>\$183</b>   | <b>\$200</b>   | <b>\$225</b>   |

\*Preventative care plans are for one calendar year. They are non refundable, non-transferable and no credit is given for unused services. See ACH application for details

- Included is a exam every 6 months, and all vaccines needed for the year.
- “Plus” plans with preventative Dental Cleanings, any extractions and antibiotic or pain medications needed after surgery will incur additional cost.
- Abdominal Ultrasound and Echocardiogram include sedation and specialized sonographer interpretation.

