



Phone (407) 343-0533

Fax (407) 851-7126

NETWORK MEMBERSHIP DISCOUNTS

Please indicate the customary fee with either the discount % or members' fee. We will do the calculations from those numbers to save you time.*

SERVICES (Flat rates may apply)	CUSTOMARY FEE	DISCOUNT %	AV PET CARE MEMBERS FEE	SERVICES (Flat rates may apply)	CUSTOMARY FEE	DISCOUNT %	AV PET CARE MEMBERS FEE
OFFICE VISITS:				GROOMING:			
Examination_____	\$_____	_____%	\$_____	Medicated Bath	\$_____	_____%	\$_____
First Time Exam	\$_____	_____%	\$_____	Nail Trimming	\$_____	_____%	\$_____
First Time Visit 2 nd Pet	\$_____	_____%	\$_____	Regular Bath	\$_____	_____%	\$_____
Other_____	\$_____	_____%	\$_____	Other_____	\$_____	_____%	\$_____
VACCINATIONS:				OTHER SERVICES			
Bordetella	\$_____	_____%	\$_____	Acupuncture	\$_____	_____%	\$_____
DAPP	\$_____	_____%	\$_____	Breeding	\$_____	_____%	\$_____
FIP	\$_____	_____%	\$_____	Cemetery	\$_____	_____%	\$_____
FIV	\$_____	_____%	\$_____	Cremation	\$_____	_____%	\$_____
Leukemia	\$_____	_____%	\$_____	Euthanasia Care	\$_____	_____%	\$_____
RCP	\$_____	_____%	\$_____	Mobile_____	\$_____	_____%	\$_____
Rabies_____	\$_____	_____%	\$_____	Pet Sitting	\$_____	_____%	\$_____
Other_____	\$_____	_____%	\$_____	Pet Walking	\$_____	_____%	\$_____
Other_____	\$_____	_____%	\$_____	Training	\$_____	_____%	\$_____
LAB FEES:				BOARDING:			
Blood_____	\$_____	_____%	\$_____	_____	\$_____	_____%	\$_____
Fecal_____	\$_____	_____%	\$_____	_____	\$_____	_____%	\$_____
Urinalysis	\$_____	_____%	\$_____	_____	\$_____	_____%	\$_____
Other_____	\$_____	_____%	\$_____	_____	\$_____	_____%	\$_____
Other_____	\$_____	_____%	\$_____	_____	\$_____	_____%	\$_____
RADIOLOGY:				MERCHANDISE:			
First Plate Xray	\$_____	_____%	\$_____	_____	\$_____	_____%	\$_____
Other_____	\$_____	_____%	\$_____	_____	\$_____	_____%	\$_____
Other_____	\$_____	_____%	\$_____	_____	\$_____	_____%	\$_____
GENERAL:				SPECIFY ADDITIONAL DISCOUNT NOT LISTED ABOVE (e.g. Flat Rates)			
Declawing	\$_____	_____%	\$_____	_____	\$_____	_____%	\$_____
Dewclaws	\$_____	_____%	\$_____	_____	\$_____	_____%	\$_____
De-worming	\$_____	_____%	\$_____	_____	\$_____	_____%	\$_____
Flea & Tick Control	\$_____	_____%	\$_____	_____	\$_____	_____%	\$_____
Health Certificate	\$_____	_____%	\$_____	_____	\$_____	_____%	\$_____
Heart worming	\$_____	_____%	\$_____	_____	\$_____	_____%	\$_____
Microchip	\$_____	_____%	\$_____	_____	\$_____	_____%	\$_____
Neutering_____	\$_____	_____%	\$_____	_____	\$_____	_____%	\$_____
Prescription	\$_____	_____%	\$_____	_____	\$_____	_____%	\$_____
Spaying_____	\$_____	_____%	\$_____	_____	\$_____	_____%	\$_____
Tear Duct	\$_____	_____%	\$_____	_____	\$_____	_____%	\$_____
Torn Tendon – repair	\$_____	_____%	\$_____	_____	\$_____	_____%	\$_____
Other_____	\$_____	_____%	\$_____	_____	\$_____	_____%	\$_____
DENTAL CARE:				_____	\$_____	_____%	\$_____
Teeth Cleaning	\$_____	_____%	\$_____	_____	\$_____	_____%	\$_____
Other_____	\$_____	_____%	\$_____	_____	\$_____	_____%	\$_____
Other_____	\$_____	_____%	\$_____	_____	\$_____	_____%	\$_____

**This information will not be shared with competitors or any other organization. Modifications may be made as specified in the agreement.

1631 East Vine St - Suite C - Kissimmee, FL 34744

EMAIL providers@avhpet.com

www.avhpet.com