

2026 BUFFALO EQUINE WELLNESS PROGRAM

Client Name: _____

Phone #: _____

Horse Name: _____

Age: _____

Breed: _____

Sex: _____

BASE WELLNESS PACKAGE**Spring Appointment** (Feb, Mar, Apr)

A 20% discount is applied to wellness services

Code	Procedure	Regular Fee	
1150	Physical Examination w/ dental check	\$80.00	
1209	Tet/SS/WNV/Rabies	\$67.00	
1232	Flu/Rhino	\$37.00	
1011	McMasters Fecal Egg Count	\$35.00	
8384	Paste Dewormer: Quest	\$21.25	Discount Cost
Spring Appointment Subtotal		\$240.25	\$192.20

Fall Appointment (Aug, Sept, Oct)

Code	Procedure	Regular Fee	
1153	Short Exam w/ Dental Exam	\$67.00	
1232	Flu/Rhino	\$37.00	
1011	McMasters Fecal Egg Count	\$35.00	
7121	Paste Dewormer: Ivermectin with Praziquantel	\$23.25	Discount Cost
Fall Appointment Subtotal		\$162.25	\$129.80
TOTAL FOR BASE WELLNESS PACKAGE ENROLLMENT			\$322.00 1A

Farm call charges not included in enrollment

Additional AppointmentsPlease indicate desired service
and time of year preferred**Summer Appointment** (May, June, July)

Regular Fee	Discount Cost	Summer
1240 Potomac Horse Fever Vaccine	\$38.00	\$30.40

Additional Services (Can be elected at time of service in addition to early election)

Not included in enrollment fee

	Regular Fee	Discount Cost	Spring	Fall
1390 Power Float - also select sedation Service performed at time of service	\$145.00	\$116.00		
1461 Sheath/Udder Cleaning - also select sedation	\$50.00	\$40.00		
1501 Sedation- required for float or sheath/udder cleaning	\$57.00	\$45.60		
1220 IN Strangles	\$45.00	\$36.00		
1052 Strangles Titer - EDS (+) plus shipping (1076)	\$196.00	\$156.80		
1061 Coggins Test (EIA)	\$39.00	\$31.20		
1096 ACTH (Cushings test) In-house	\$89.00	\$71.20		
1097 Insulin (Metabolic test) In-house	\$89.00	\$71.20		
1034 Vitamin E Testing plus shipping (1073)	\$112.00	\$89.60		
1000 CBC	\$62.00	\$49.60		
1050 Chemistry Profile	\$72.00	\$57.60		
Total Election Cost \$				
GRAND TOTAL FOR ENROLLMENT AND ELECTIONS (1A + 2A)			\$	

2A

1B

Signature: _____

Date: _____

By signing, you agree to pay the cost above (1B) for the base package plus elections to finalize enrollment in the wellness program.

Print Name: _____

FOR OFFICE USE ONLY:

ADMIN ONLY:

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Total Confirmed and Paid in Full |
| <input type="checkbox"/> | Confirmed dates for Spring appointment |
| <input type="checkbox"/> | Confirmed dates for Fall appointment |

- | | |
|---------------|--------------------------|
| Spring Prepay | <input type="checkbox"/> |
| Summer | <input type="checkbox"/> |
| Fall | <input type="checkbox"/> |