

[Date]

[Pet Owner Name]
[Address Line 1]
[City, State, Zip Code]

Dear [Pet Owner Name],

Welcome to the [Plan Name] family! We are delighted that you have chosen us to partner in the long-term health and wellness of [Pet Name].

By enrolling in our Comprehensive Pet Health Plan, you have taken a proactive step toward ensuring your pet receives the preventative care they need. Your plan is now active as of [Start Date].

Your Plan Benefits Include:

- Annual and semi-annual wellness examinations.
- Core vaccinations and boosters.
- Annual parasite screenings (Heartworm and Fecal).
- Routine bloodwork and diagnostic testing.
- [Insert Additional Benefit, e.g., 10% discount on dental cleaning].

How to Use Your Plan:

To schedule your pet's first wellness visit under the plan, please call us at [Phone Number] or book online through our portal at [Website URL]. When you arrive for your appointment, simply notify our reception team that you are a Health Plan member.

Account Information:

Member ID: [Member ID Number]
Monthly Payment: [Amount]
Next Renewal Date: [Date]

We are committed to providing the highest quality of care for [Pet Name]. If you have any questions regarding your coverage or specific benefits, please do not hesitate to contact our office.

Sincerely,

[Your Name/Practice Manager]
[Clinic Name]
[Clinic Phone Number]
[Clinic Email]