



FIELD SERVICE AT NEW BOLTON CENTER

# Equine Field Service

From spring vaccines and dental exams to biannual physicals, New Bolton Center's Equine Wellness Program provides comprehensive, on-farm preventative medicine to optimize your horse's health.

With two program tracks and additional add-on services, you can enjoy a customized care plan tailored to your horse's specific needs at a discounted price.

# **Equine Wellness Program 2026**

We are accepting new applications from January through March 2026. See below for program details, pricing, and registration.

# Make an appointment

To make an appointment, call 610.925.6310. For more information about our equine field service opportunities, email us at nbcfield@vet.upenn.edu.

Pricing effective January 1, 2026, through June 30, 2026. Prices subject to change. Please call to confirm pricing.

|                             | BASIC        | ADVANCED     |
|-----------------------------|--------------|--------------|
| SPRING (VISIT #1)           |              |              |
| Physical exam               | $\checkmark$ | ✓            |
| Dental exam                 |              | ✓            |
| EWT/WNV vaccine             | $\checkmark$ | ✓            |
| Flu/Rhino vaccine           | $\checkmark$ | $\checkmark$ |
| Rabies vaccine              | $\checkmark$ | ✓            |
| Botulism vaccine            | $\checkmark$ | $\checkmark$ |
| Coggins test                | $\checkmark$ | $\checkmark$ |
| Blood work: CBC/Chemistry   |              | $\checkmark$ |
| Fecal Analysis              | ✓            | ✓            |
| FALL (VISIT #2)             |              |              |
| Physical exam               | $\checkmark$ | $\checkmark$ |
| Dental float                |              | $\checkmark$ |
| Sedation (for dental float) |              | ✓            |
| Flu/Rhino vaccine booster   |              | ✓            |
| TOTAL AT REGULAR PRICE      | \$326        | \$606        |
| Discount                    | 10%          | 20%          |
| TOTAL WITH PLAN             | \$294        | \$485        |

### **ADDITIONAL OPTIONS**

#### SENIOR PACKAGE - \$150

(Eligible for horses 15+ years of age)

Includes equine Cushings Disease bloodwork and fibrinogen.

## **DENTAL PACKAGE - \$129**

(Available as an add-on for the Basic Program only)

Includes Dental Float and Sedation

## **Additional Discount**

Patients enrolled in the Advanced Equine Wellness program receive 50% off emergency Farm call fees for after-hours visits.

# **Equine Wellness Program Terms and Conditions**

- Enrollment must be completed by April 1, 2026.
- · Enrollment and payment must be completed before visit.
- Your application form and payment are required at sign up.
- The term of enrollment is for 12 months only. Each horse must be re-enrolled for the following year's wellness program.
- · Owners are responsible for scheduling both the spring and fall wellness appointments.
- If all services offered in your wellness program are not utilized within the enrollment term, there will not be a refund, substitution, or carry-over to the following year of enrollment.
- If an enrolled horse is sold during the term of enrollment, you may transfer the wellness program level to another horse. If an enrolled horse dies, a prorated refund will be given or you may transfer the program to another horse.
- Program level may not be changed during enrollment term, but may be changed for the following year.
- Any discounts offered through the wellness program can only be applied to the enrolled horse.
- The farm call fees will be split among owners of horses examined during the farm visit.
- The following services are excluded from the wellness program:
  - ▶ Farm call fee
  - ▶ Vaccines not listed above (e.g. Potomac Horse Fever and intranasal strangles vaccines)
  - ▶ Booster vaccinations for naive horses (horses receiving a particular vaccine for the first time in their lives need boosters at 3-4 week intervals)
  - ▶ Additional services not included in the wellness program



# **Application**

Please complete the below form in its entirety, checking the desired program and any additional package options for each horse you would like to enroll in the program. **Please note:** the Dental Package is only available as an add-on for the Basic Program as it is already included in the Advanced Program services.

| NAME OF HORSE | BREED | COLOR | GENDER | AGE |       | LECT<br>OGRAM |                   | ONS<br>BASIC      | OPTIONS<br>FOR<br>ADVANCED |
|---------------|-------|-------|--------|-----|-------|---------------|-------------------|-------------------|----------------------------|
|               |       |       |        |     | Basic | Advanced      | Senior<br>Package | Dental<br>Package | Senior<br>Package          |
| 1.            |       |       |        |     |       |               |                   |                   |                            |
| 2.            |       |       |        |     |       |               |                   |                   |                            |
| 3.            |       |       |        |     |       |               |                   |                   |                            |
| 4.            |       |       |        |     |       |               |                   |                   |                            |
| 5.            |       |       |        |     |       |               |                   |                   |                            |
| 6.            |       |       |        |     |       |               |                   |                   |                            |

| CLINICIAN PREFERENCE             |       |          |  |
|----------------------------------|-------|----------|--|
| CONTACT INFORMATION              |       |          |  |
| Owner                            |       |          |  |
| Address                          |       |          |  |
| City                             | State | Zip Code |  |
| Telephone                        | Cell  | Email    |  |
| ADDRESS FOR LOCATION OF HORSE(S) |       |          |  |

## **MAIL FORMS TO**

**PAYMENT** 

New Bolton Center, Field Service, 382 West Street Road, Kennett Square, PA 19348

Please note: We cannot accept faxed forms in order to maintain confidentiality of financial information.

☐ Enclosed is a check made payable to the Trustees of the University of Pennsylvania in the amount of \$\_\_\_

☐ To pay with a credit card, please call the Business office at 610.925.6400. Please allow 24 hours for processing.

