Effective Date _____

ORCHARD VIEW
Veterinary Center

Well Budget Kitten

	Monthly Installment - Circle Plan			
WBKIT	No Surgery	$115.00 (x 4 months)	Total	$460.00
WBKNE	W/ Neuter	$145.00 (x 4 months)	Total	$580.00
WBKSP	W/ Spay	$162.00 (x 4 months)	Total	$648.00
1st Visit 6-8 Weeks	Initial Exam (unlimited)			$64.00
	FVRCP Vaccine (Rhinotrachetitis/Calicvirus/Panleukopenia)			(included with exam)
	Fecal Test			$37.00
	Deworming (Drontal)			$10.08-$20.23
	Deworming & Heartworm/Flea Preventative (Revolution Kitten Pack)			(included in plan)
2nd Visit 9-11 Weeks	Booster Exam			$49.50
	FVRCP Vaccine (Rhinotrachetitis/Calicvirus/Panleukopenia)			(included with exam)
	FELV Vaccine (Leukemia, per lifestyle)			$20.95
	Leukemia/FIV Test (Leukemia & Immunodeficiency Virus)			$57.75
	Deworming (Pyrantel)			$5.00-$6.00
3rd Visit 12-13 Weeks	Booster Exam			$49.50
	FVRCP Vaccine (Rhinotrachetitis/Calicvirus/Panleukopenia)			(included with exam)
	FELV Vaccine (Leukemia, per lifestyle)			$20.95
	Deworming & Heartworm/Flea Preventative (3 pack of Revolution)			$55.04
	Deworming (Pyrantel)			$5.00-$6.00
4th Visit 14-16 Weeks	Booster Exam			$49.50
	Rabies Vaccine			(included with exam)
5th Visit 4-6 Months	Annual Health Profile			$87.00
	Neuter—males			$125.00
	(Includes: Hospitalization, Injectable Anesthesia, Neuter and Pain Medication in hospital and to go home)			
	Spay—females			$185.00
	(Includes: Hospitalization, Isoflurane Anesthesia, Spay, IV Catheter and Pain Medication in hospital and to go home)			
	Total Value of Services			$469.37-$696.27
	Estimated savings			
	No Surgery			$9.37+
	W/ Neuter			$14.00+
	W/ Spay			$6.37+

After the Kitten Well Budget Program is expired: ☐ Automatically rollover to the Adult Program; ☐ Do not rollover to any Program
If automatically rolling over to the Adult Program, please fill out Adult Well Budget Form.

Note: Neuters and Spays need to be scheduled between 4-6 months of age unless otherwise directed by the veterinarian. Avid Microchip placements, isoflurane (for neuters) and sevoflurane (for spays) upgrades are recommended, but are not included in the Well Budget. Initials _____

I understand and agree to the above statements (signature) _____ (date) _____

☐ Input ____ Client No. _____

ORCHARD VIEW
Veterinary Center

WELL BUDGET ENROLLMENT FORM

Member _____

Billing Address _____

City _____ State _____ Zip _____

Primary Phone _____ Secondary Phone _____ Work Phone _____

Patient _____

1st Month's Installment are due at the time of sign up.

To be filled out by an OVVC staff member – Staff Initials _____

Credit Card Type Visa MasterCard Discover

Credit Card Number ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Exp. Date ☐☐ ☐☐ CV Code ☐☐☐

Exact Name on Card (Please Print) _____

Driver's License State _____ Number _____

If paying for an entire year in advance, payment is non-refundable under any circumstances, including death of pet. Initials _____

Terms and Conditions

1. This OVVC Well Budget covers only the services listed on the Well Budget Forms for a period of time described therein. OVVC Well Budget is not insurance, but is a prepaid preventative pet health care budgeting program. These budgeting programs only cover services specifically listed in the budgeting program. Any services provided by anyone other than OVVC or any fees for services recommended as a result of illness or accidental injury are not covered by the budgeting program. Fees for these services will be determined by OVVC in accordance with the Provider's fee schedule in effect at the time and they must be paid at the time the services are rendered.
2. This membership agreement is not transferable or assignable and applies only to the Patient identified above while owned by the Member. Discounts will not be given for any pet care received from a provider other than OVVC. This membership agreement may be canceled by the Member or OVVC Provider at any time. If the Member performs all of its obligations and OVVC cancels this agreement, all fees paid by the Member for the current term year will be refunded in full, less OVVC's standard charges for any services rendered prior to cancellation. **If the Member cancels, or the pet dies, OVVC shall be entitled to retain the entire amount of the membership fee and the amount of the all installments that have been paid (even if paid for a full year in advance), and the Member shall be liable to pay OVVC the difference between discounts received and the amount paid into the budgeting program for that term year. Initials** _____
   If an enrolled patient dies during the term of this agreement, the Member may enroll a new pet within 6 months without membership fees.
3. This OVVC Well Budget Agreement will be effective for the period of one year starting on the first of the month Patient is enrolled and will be automatically renewed for subsequent periods of one year each unless and until Member or OVVC terminates this agreement as of the end of any term year by written notice to the other party given no less than 30 days prior to the automatic renewal date.
4. OVVC reserves the right to adjust the monthly fees or cease the budgeting programs at any anniversary date without prior notice.
5. Monthly payments will be directly billed to the Member's credit card at the first of each month following the membership enrollment date. A fee of $25.00 will be charged to the Member, and billed to the Member's credit card if funds are available, on dishonored charges. The Member is responsible for notifying OVVC of any changes in account set-ups for billing. If the Member fails to make a monthly payment within 30 days, OVVC shall be entitled to retain the entire amount of the membership fee and the amount of the monthly installments that have been paid, and the Member **shall** be liable to pay OVVC the difference between discounts received and the amount paid into the budgeting program for that term year. After termination the Member will have to pay another membership fee in order to start the budgeting program again. Non payment may negatively affect the Member's eligibility for future Well Budget Programs. If cancellation of this agreement for any reason results in monies due to either the Member or Provider, such monies shall be paid in full within 30 days. If member fails to make payment when due under this agreement, that member will be charged a monthly billing fee of $5.00 and interest of 1.5%, and will be sent to collections. The Member shall pay OVVC's collection costs, whether or not legal proceedings (including appeals) are initiated. In any proceeding, the prevailing party shall be entitled to recover its costs, disbursements and reasonable attorney's fees as determined by the court. This agreement is governed by the laws of the State of Oregon.
6. The Member understands that all services not specifically noted on the Well Budget Forms are not covered. These items include, but are not limited to, medications (including, but not limited to: pain medications, deworming, heartworm preventatives, flea control, IV fluids, prescription and nonprescription drugs), over the counter items (including but not limited to: prescription and nonprescription diets, nutritional supplements, and treats), ill medical services (including but not limited to: surgeries, tooth extractions, emergency or after hour fees) and non-medical services (including but not limited to: boarding and grooming services).

As a duly authorized signatory to the above account, I have read and understand the above terms and conditions, and I authorize OVVC to keep my signature on file and to debit the account according to the terms and conditions of the OVVC Well Budget Agreement.

Signature (Member) _____ Date _____