

ORCHARD VIEW *Veterinary Center*

WELL BUDGET CANCELLATION FORM

Member _____

Patient _____

Cancel: () End of Term Year Final payment on _____

 () Upon Receipt Amount Owed _____ Paid on _____

For cancellations prior to the end of term year, discounts received will be compared to the total amount that has been paid within the current term year. If a balance is owed, the member will be contacted.

Reason: _____

Terms and Conditions

1. This membership agreement is not transferable or assignable and applies only to the Patient identified above while owned by the Member. This membership agreement may be canceled by the Member or OVVC Provider at any time.
2. 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 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. 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. 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.
5. 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.

As a duly authorized signatory to the above account, I have read and understand the above terms and conditions. I understand that OVVC will contact me if any monies are due and such monies shall be paid in full within 30 days.

Signature (Member) _____ Date _____

----- **Office Use Only** -----

Payments Paid \$ _____

Discount Received \$ _____

Difference \$ _____

Contacted Owner _____