ORCHARD VIEW

Veterinary Center

Well Budget Adult

13 weeks-6 years Feline

One-Time Only Enrollment Fee		\$80.00
Monthly Installment	Yearly Total	\$69.50 (x 12 months) \$834.00
Services		Regular Prices
Unlimited Exams (recommended at least semi-annually)		\$63.00-82.75 x 2
FVRCP (Rhinotracheitis/Calicvirus/Panleukopenia)		\$22.25
Rabies Vaccine		\$22.00
FELV Vaccine (Leukemia) (per lifestyle)		\$27.75
Fecal Test		\$88.25
Leukemia/FIV Test (Feline Immunodeficiency Virus)		\$156.25
Urinalysis		\$99.25
Annual Health Profile		\$294.50
(Includes: Up to 27 Chemistry Tests & Complete Blood Count)		¢02/ 25 075 75
Total		\$836.25-875.75
Estimated Savings: \$2.25-41.75		

Additionally, 10% off the following well care products:

Royal Canin Veterinary and Prescription Diets

Deworming

Flea/Heartworm Preventatives (Revolution)

When the Patient turns 7 years old, additional testing and procedures are required and are not covered in the Adult Program. An upgrade to the Senior Program will be required for those items to be covered. Initials

I understand and agree to the above statements (signature)

__ (date) _____



Input	Client No.	

ORCHARD VIEW Weterinary Center

WELL BUDGET ENROLLMENT FORM						
Member						
Billing Address						
City State _	Zip					
Primary Phone Secondary Phone	Work Phone					
Patient						
Membership fee and 1st Mo	nth'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						

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.

(including but not limited to: boarding and grooming services).

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

Signature (Member)			
	Signature (Member	Date	