## ORCHARD VIEW

## Veterinary Center

## **Well Budget Dental Plus Senior**

7+ years Feline

One-Time Only Enrollment Fee	\$80.00
Monthly Installment Yearly Tota	\$181.25 (x 12 months)  1 \$2,175.00
Services Unlimited Exams (recommended at least semi-annually)	Regular Prices \$63.00-82.75 × 2
FVRCP (Rhinotracheitis/Calicvirus/Panleukopenia) Rabies Vaccine	\$22.25 \$22.00
FELV (Leukemia) Vaccine (per lifestyle) Fecal Test	\$27.75 \$88.25
Leukemia/FIV (Feline Immunodeficiency Virus) Test	\$156.25 \$99.25
Urinalysis Annual Health Profile	\$316.75
(Includes: Up to 27 Chemistry Tests, a Complete Blood Count and Electrolytes and T4)  Dental Prophylaxis up to Grade 2 tartar (owner responsible for additional)	\$437.00-472.00

Treatment, and IV Catheter)\*

2<sup>nd</sup> Annual Health Profile

\$316.75

(Includes: Up to 27 Chemistry Tests, a Complete Blood Count and Electrolytes and T4)  $2^{nd} \ Dental \ Prophylaxis \ up \ to \ Grade \ 2 \ tartar \ (owner \ responsible \ for \ additional)$ 

\$437.00-472.00

2<sup>nd</sup> Dental Prophylaxis up to Grade 2 tartar (owner responsible for additional) (Includes: Pre-surgical exam, Hospitalization, Isoflurane Anesthesia, Teeth Cleaning, Polishing, Fluoride Treatment, and IV Catheter)\*

(Includes: Pre-surgical exam, Hospitalization, Isoflurane Anesthesia, Teeth Cleaning, Polishing, Fluoride

Total \$2,175.25-2,324.25

Estimated Savings: \$0.25-149.25

Additionally, 10% off the following well care products:

Royal Canin Veterinary and Prescription Diets

Deworming

Flea/Heartworm Preventatives (Revolution)

\*Note: Sevoflurane upgrade, extractions (which are more likely with a higher grade of tartar), pain medications, antibiotics, and/or additional treatments are not included in the Well Budget. Initials

I understand and agree to the above statements (signature)

(date)



Input	Client No.	

## ORCHARD VIEW Weterinary Center

WELL BUDGET ENROLLMENT FORM			
Member Pilling Address			
Billing Address State Zip			
City State Zip Secondary Phone Work Phone			
Patient Secondary Friorie			
Membership fee and 1 <sup>st</sup> 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 CV Code			
Exact Name on Card (Please Print)			
Driver's License State Number			
<ol> <li>If paying for an entire year in advance, payment is non-refundable under any circumstances, including death of pet. Initials</li></ol>			
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 th			
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 _	
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