ORCHARD VIEW

Veterinary Center

Well Budget Kitten

| | Monthly Installment - C | Circle Plan | | |
|--------------------------------------|--|---|-------------|---------------------|
| WBKIT | No Surgery | \$262.25 (x 4 months) | Total | \$1,049.00 |
| WBKNE | W/ Neuter | \$357.75 (x 4 months) | Total | \$1,431.00 |
| WBKSP | W/ Spay | \$360.50 (x 4 months) | Total | \$1,442.00 |
| I st Visit 6-8 Weeks | Initial Exam (unlimited) | | | \$63.00-82.75 |
| | FVRCP Vaccine (Rhinotra | chetitis/Calicvirus/Panleukopenia) | | \$22.25 |
| | Fecal Test | | | \$88.25 |
| | Deworming (Drontal) | | | \$19.00-31.00 |
| | Heartworm/Flea Preve | ntative (Revolution Kitten Pack) | | \$37.50 |
| 2 nd Visit 9-11 Weeks | Booster Exam | | | \$63.00 |
| | FVRCP Vaccine (Rhinotra | chetitis/Calicvirus/Panleukopenia) | | \$22.25 |
| | FELV Vaccine (Leukemia, p | per lifestyle) | | \$27.75 |
| | Leukemia/FIV Test (Leuk | cemia & Immunodeficiency Virus) | | \$156.25 |
| | Deworming (Pyrantel) | | | \$5.75-6.75 |
| 3 rd Visit 12-13 Weeks | Booster Exam | | | \$63.00 |
| | FVRCP Vaccine (Rhinotra | chetitis/Calicvirus/Panleukopenia) | | \$22.25 |
| | FELV Vaccine (Leukemia, p | per lifestyle) | | \$27.75 |
| | Heartworm/Flea Preve | ntative (Revolution) | | \$46.25 |
| | Deworming (Pyrantel) | | | \$5.75-6.75 |
| 4th Visit | Booster Exam | | | \$63.00 |
| 14-16 Weeks | Rabies Vaccine | | | \$22.00 |
| 5 th Visit | Annual Health Profile | | | \$294.50 |
| 4-6 Months | Neuter—males | | | \$382.00 |
| | (Includes: Hospitalization, Inject home) | able Anesthesia, Neuter and Pain Medication in hospital | and to go | |
| | Spay—females | | | \$392.50 |
| | | rane Anesthesia, Spay, IV Catheter and Pain Medication | in hospital | ψ372.30 |
| | Total Value of Services | | | \$1,049.50-1,475.75 |
| | Estimated Savings | | | |
| | No surgery: | 50.50-34.25 | | |
| | W/ Neuter: | 50.50-34.25 | | |
| | W/ Spay: \$ | 50.00-33.75 | | |

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 Weterinary Center

| J | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| WELL BUDGET ENROLLMENT FORM | | | | | | | | |
| Member | | | | | | | | |
| Billing Address | | | | | | | | |
| City State Zip | | | | | | | | |
| Primary Phone Work Phone Work Phone | | | | | | | | |
| Patient | | | | | | | | |
| | | | | | | | | |
| 1 st 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 | | | | | | | | |
| Dilvel 5 License State Nullibel | | | | | | | | |
| 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 policy properties and limited to medications). | | | | | | | | |
| 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 | |
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