ORCHARD VIEW

Veterinary Center

Well Budget Dental Adult

13 weeks-6 years
Canine

Carmic		
One-Time Only Enrollment Fee		\$80.00
Monthly Installment Yearly	[,] Total	\$101.25 (x 12 months) \$1,215.00
Services		Normal Price
Unlimited Exams (recommended at least semi-annually)		$$65.00-82.75 \times 2$
DHPP (Distemper/Hepatits/Para-Influenza/Parvo)		\$26.00
Rabies Vaccine		\$27.00
Bordetella (every 6 months)		27.00×2
Lyme Vaccine (per lifestyle)		\$50.00
Leptospirosis (per lifestyle)		\$25.00
Fecal Test		\$88.25
Heartworm Test		\$69.50
Urinalysis		\$99.25
Annual Health Profile		\$294.50
(Includes: Up to 27 Chemistry Tests & Complete Blood Count)		
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)*		\$351.75-446.00
,	Total	\$1,215.25-1,345.00
Estimated Savings: \$0.25-130.00		

Additionally, 10% off the following well care products:

Royal Canin Veterinary and Prescription Diets

Deworming

Flea/Heartworm Preventatives (Sentinel or Revolution)

*Note: IV fluids (which may be given at the doctor's discretion under certain circumstances during the dental cleaning), 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

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 Member					
Billing Address					
City State Zip					
Primary Phone Secondary Phone Work Phone					
Patient					
Membership fee and 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					
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 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 reflective for the period of one year startion 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 t					

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).

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)	Date _	
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