ORCHARD VIEW

Veterinary Center

Well Budget Dental Plus Adult

13 weeks-6 years

Canine

One-Time Only Enrollment Fee	\$80.00
Monthly Installment Yearly Total	\$155.00 (x 12 months \$1,860.00
Services	Normal Price
Unlimited Exams (recommended at least semi-annually)	\$65.00-82.75 x 2
DHPP (Distemper/Hepatits/Para-Influenza/Parvo)	\$26.00
Rabies Vaccine	\$27.00
Bordetella (every 6 months)	\$27.00 x 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
2 nd Annual Health Profile	\$294.50
(Includes: Up to 27 Chemistry Tests & Complete Blood Count)	•
2 nd 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- 44 6.00
,	\$1,861.50-2,085.50
Estimated Savings: \$1.50-225.50	

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.	
_	mpat		

ORCHARD VIEW Weterinary Center

WELL BUDGET ENROLLMENT FORM					
Member					
Billing Address					
City State	Zip				
	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					
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					
	ns all of its obligations and OVVC cancels this agreement, all fees paid by the				
	DVVC's standard charges for any services rendered prior to cancellation. If the 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	ir in advance), and the Member shall be liable to pay OVVC the difference				
between discounts received and the amount paid into the but					
	Member may enroll a new pet within 6 months without membership fees. iod 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 u	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 4. OVVC reserves the right to adjust the monthly fees or cease the b					
5. Monthly payments will be directly billed to the Member's credit ca	ard at the first of each month following the membership enrollment date. A fee of				
	er's credit card if funds are available, on dishonored charges. The Member is sor billing. If the Member fails to make a monthly payment within 30 days, OVVC				
	and the amount of the monthly installments that have been paid, and the Member				
	ceived and the amount paid into the budgeting program for that term year. After				
the Member's eligibility for future Well Budget Programs. If ca	in order to start the budgeting program again. Non payment may negatively affect ncellation 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 of 1.5%, and will be sent to collections. The Member shall pay OVVC's collection				

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).

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. 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) Date