### ORCHARD VIEW

## Veterinary Center

#### **Well Budget Senior**

7+ years **Feline** 

One-Time Onl	y Enrollment Fee	\$80.00

Monthly Installment **\$84.00** (x 12 months)

Yearly Total \$1,008.00

Services		Regular Prices
Unlimited Exams (recommended at least quarterly)		\$65.00-82.75 x 4
FVRCP (Rhinotracheitis/Calicvirus/Panleukopenia)		\$27.00
Rabies Vaccine		\$27.00
FELV (Leukemia) Vaccine (per lifestyle)		\$35.00
Fecal Test		\$88.25
Leukemia/FIV (Feline Immunodeficiency Virus) Test		\$156.25
Urinalysis		\$99.25
Annual Health Profile		\$316.75
(Includes: Up to 27 Chemistry Tests, a Complete Blood Count, Electrolytes, and T4)		
	Total	\$1,009.50-1,080.50

**Estimated Savings:** \$1.50-72.50

Additionally, 10% off the following well care products:

Royal Canin Veterinary and Prescription Diets

Deworming

Flea/Heartworm Preventatives (Revolution)

I understand and agree to the above statements (signature) \_\_\_\_\_ (date) \_\_\_\_\_



Input	Client No.	

# ORCHARD VIEW Weterinary Center

#### WELL BUDGET ENROLLMENT FORM

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 or the current term year will be refunded in full, less OVVC's standard charges for any services rendered prior to cancellation. If 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 t	Member				
Primary Phone Secondary Phone Work Phone Patient    Monthership fee and 1st Month's installment are due at the time of sign up.	Billing Address				
To be filled out by an OVVC staff member – Staff Initials  Credit Card Type Visa MasterCard Discover  Credit Card Number	City	State	Zip		
To be filled out by an OVVC staff member – Staff Initials  Credit Card Type Visa MasterCard Discover  Credit Card Number	Primary Phone	Secondary Phone	Work Phone		
Credit Card Type Visa MasterCard Discover  Credit Card Number	Patient				
Credit Card Type Visa MasterCard Discover  Credit Card Number					
Credit Card Type Visa MasterCard Discover  Credit Card Number	Mem	bership fee and 1 <sup>st</sup> Month's	s Installment are due at the time of sign up.		
Exact Name on Card (Please Print)  Driver's License State	To be filled	out by an OVVC	staff member - Staff Initials		
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 OV/C Well Budget covers only the services listed on the Well Budget Forms for a period of time described therein. OV/C 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 OV/C or any fees for services recommended as a result of illness or accidental injuly are not covered by the budgeting program. Fees for these services will be determined by OV/C 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 Peatient identified above while owned by the Member or OV/C Provider at any time. If the Member provider other than OV/C. This membership agreement may be canceled by the Member for the current term year will be refunded in full, less OW/C's standard charges for any services rendered print all fees paid by the Member for the current term year will be refunded in full, less OW/C's standard charges for any services rendered print of cancellation. If the Member parent is advance), and the Member shall be liable to pay OW/C 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 errold a new pet within 6 months without membership fees.  3. This OV/C Well Budget Agreement will be effective for the peniod of one year starting on the first of the month Patient is enrolled and will be automatically reneved for subsequent periods of one year acts unless and until Member of OV/C terminates this agreement as of the end of any term year	Credit Card Type Visa MasterCard	Discover			
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	Signature (Member)		Date		