## ORCHARD VIEW

## Weterinary Center

## **Well Budget Senior**

7+ years Canine

Monthly Installment \$84.50 (x 12 months)

Yearly Total \$1,014.00

Services	Normal Price
Unlimited Exams (recommended at least quarterly)	\$65.00-82.75 × 4
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	\$316.75
(Includes: Up to 27 Chemistry Tests, a Complete Blood Count, Electrolytes, and T4)	

Estimated Savings: \$1.75-72.75

Additionally, 10% off the following well care products:

Royal Canin Veterinary and Prescription Diets

Deworming

Flea/Heartworm Preventatives (Sentinel or Revolution)

I understand and agree to the above statements (signature)

\_\_ (date) \_\_\_\_\_

Total \$1,015.75-1,086.75



Input	Client No.
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## ORCHARD VIEW Weterinary Center

WELL BUDGET ENROLLMENT FORM				
Member Pilling Address				
Billing Address				
City State Zip				
Primary Phone Secondary Phone Work Phone  Patient				
Patient				
Membership fee and 1st 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				
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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 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 OVVC Provider at any time. If the Member performs all of its obligations and OVVC cancels this agreement, all fees paid by 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 sub				

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).

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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