ORCHARD VIEW
Veterinary Center

Well Budget Dental Plus Adult

13 weeks-6 years

Canine

One-Time Only Enrollment Fee		$80.00
Monthly Installment		$164.00 (x 12 months)
	Yearly Total	$1,968.00

Services	**Normal Price**
Unlimited Exams (recommended at least semi-annually)	$80.00-100.00 x 2
DHPP (Distemper/Hepatits/Para-Influenza/Parvo)	$35.00
Rabies Vaccine	$35.00
Bordetella (every 6 months)	$35.00x 2
Lyme Vaccine (per lifestyle)	$52.50
Leptospirosis (per lifestyle)	$35.00
Fecal Test	$88.25
Heartworm Test	$69.50
Urinalysis	$99.25
Annual Health Profile (Includes: Up to 27 Chemistry Tests & Complete Blood Count)	$294.50
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)*	$367.75-467.00
2nd Annual Health Profile (Includes: Up to 27 Chemistry Tests & Complete Blood Count)	$294.50
2nd 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)*	$367.75-467.00
Total	$1,969.00-2,207.50

Estimated Savings: $1.00-239.50

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. _____

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WELL BUDGET ENROLLMENT FORM

Member _____

Billing Address _____

City _____ State _____ Zip _____

Primary Phone _____ Secondary Phone _____ Work Phone _____

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

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 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: 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 _____