

**STAMEN ANIMAL HOSPITAL, INC.**

5/1/2018

Page 1 / 2

61 QUAKER RIDGE ROAD  
NEW ROCHELLE, NY 10804

(914) 632-1269

JODI SPEAR  
118 LINCOLN AVE

Yonkers, NY 10704

Client ID: 8066

Estimate ID: 16235

Expiration Date: 5/30/2018

Patient ID: 4191	Species: CANINE	Weight: 88.60 pounds	Sex: Spay
Patient Name: COCO	Breed: PITBULL	Birthday: 03/30/2009	

	<u>Description</u>	<u>Staff Name</u>	<u>Low Qty.</u>	<u>Low Amount</u>	<u>High Qty.</u>	<u>High Amount</u>
4/30/2018	Surgery - medical plan	Dr. Anna DiCicco	1.00	\$0.00	1.00	\$0.00
4/30/2018	Preoperative Screen		1.00	\$80.00	1.00	\$80.00
4/30/2018	IV CATH. (HOSPITAL)		1.00	\$44.50	1.00	\$44.50
4/30/2018	IV SET UP		1.00	\$16.00	1.00	\$16.00
4/30/2018	FLUIDS-SURG & PUMP		1.00	\$22.00	1.00	\$22.00
4/30/2018	ANESTHESIA MONITOR		1.00	\$26.00	1.00	\$26.00
4/30/2018	ANESTH.(INHAL) 1ST 1/2 HR		1.00	\$103.00	1.00	\$103.00
4/30/2018	ANESTH.(ADDT) PER 1/2 HR.		2.00	\$103.00	3.00	\$154.50
4/30/2018	PENICILLIN INJ.		1.00	\$30.00	1.00	\$30.00
4/30/2018	Pain Medication		1.00	\$55.00	1.00	\$65.00
4/30/2018	BUPRENEX INJ. (51- 99 LB)		1.00	\$65.00	1.00	\$65.00
5/1/2018	HISTOPATHOLOGY		2.00	\$364.00	2.00	\$364.00
5/1/2018	MASS CELL TUMOR REMOVAL		2.00	\$1,100.00	2.00	\$1,300.00
5/1/2018	BENEDRYL INJ.		1.00	\$30.00	1.00	\$30.00
5/1/2018	Elizabethan Collar		0.00	\$0.00	1.00	\$22.00
5/1/2018	SIMPLICEF 200MG.		14.00	\$69.66	14.00	\$69.66
5/1/2018	Deramaxx 75 mg		7.00	\$34.94	7.00	\$34.94
5/1/2018	Tramadol 50 mg		30.00	\$26.00	30.00	\$26.00

Low Subtotal: \$2,169.10 High Subtotal: \$2,452.60

**Low Total: \$2,169.10 High Total: \$2,452.60**

This Estimate is good for 30 days and it includes only those items listed. Payment will be required when your pet is released from the hospital.

**STAMEN ANIMAL HOSPITAL, INC.**

5/1/2018

Page 2 / 2

61 QUAKER RIDGE ROAD  
NEW ROCHELLE, NY 10804

(914) 632-1269

JODI SPEAR  
118 LINCOLN AVE  
Yonkers, NY 10704

Client ID: 8066  
Estimate ID: 16235  
Expiration Date: 5/30/2018

Patient ID: 4191	Species: CANINE	Weight: 88.60 pounds	Sex: Spay
Patient Name: COCO	Breed: PITBULL	Birthday: 03/30/2009	

The nature of these services have been described to me to my satisfaction, and while I accept that all procedures are done to the best of the abilities of the professional staff, I realize that no guarantee or warranty can ethically or professionally be made regarding the results or cure. I also authorize the hospital director and staff to provide veterinary services as requested, or in emergency circumstances to follow through with such procedures as are necessary for the well being of my pet.

I realize that my pet will be discharged only during regular office hours and when the Doctor or her associates are present, and the fee due for its care will be paid in full at that time. I realize that in some cases it is impossible to determine in advance the extent of medical or surgical treatment required, but in such cases Stamen Animal Hospital will attempt to estimate the cost of the treatment. It is understood that the actual cost may exceed or be lower than this estimate. This estimate is valid for 30 days and includes only those items listed. Prices may vary upon services rendered, payment will be required when my pet is released from the hospital.

Authorization: x \_\_\_\_\_ x

Contact numbers: \_\_\_\_\_

**STAMEN ANIMAL HOSPITAL**  
**61 QUAKER RIDGE ROAD**  
**NEW ROCHELLE, NEW YORK 10804**  
**914-632-1269**  
**Stamenah@gmail.com**

To whom it may concern:

This letter is in regards to our patient "Coco" Spear, a 9 year old brown Pitbull who was recently diagnosed with two mass cell tumors (located at medial right hind leg and right ventral point of the chest) which will require surgical removal. Attached you will find the estimate for her surgery which is scheduled for May 9<sup>th</sup>, 2018. If you have any other questions feel free to reach us at the contact info above, thank you.

Sincerely,

A handwritten signature in black ink that reads "Maria Viti" followed by a flourish.

Dr. Violi dvm