

PROCEDURE ESTIMATE

Vanderhoof Veterinary Hospital
2235 N Lake Ave, STE 101
Altadena, CA, 91001
626-798-5901

[REDACTED]
[REDACTED]
Canine, Beagle

This document lists procedures to be performed on Bill. This estimate only approximates the cost of this visit. It does not include any treatments that may be deemed necessary upon examination and commencement of the included treatments. You are responsible for all fees incurred during this visit included or not on this estimate.

The following is a list of the treatments and/or supplies expected to be required during this visit and their approximate cost which may vary as much as 25% in some instances.

If you have any questions concerning this estimate please do not hesitate to ask.

BILL'S CRUCIATE REPAIR

Procedure or Dispensed Item	Qty	Charge	To
Anesth.: Pre-Anesthetic Inj.		21.50	
Anesth./Isoflurane M Patient		149.50	
Anesthesia-Extended Isoflur.	80	336.00	
Intravenous Catheter		50.00	
T-Port Adapter For IV Cath.		14.40	
Venaset Extension	2	28.80	
Fentanyl Pain Patch 50UG		84.00	
Hosp Fluids Additives/L		14.40	
Hosp Fluids Intravenous/L		53.50	
Hosp/Occup/1 Dy MD Patient	2	47.20	
Hosp Care/Nursing 1 Day	2	34.00	
Hospital Intensive Care	2	58.00	
Hosp Daily Exam By Dr.	2	63.00	
Hosp Meds Med. Oral Patient		23.60	
Hosp Meds Medium Patient	3	142.50	
Cruciate Repair		719.50	
Implant Charge Cruciate		249.50	
Surgery Saline Flush		26.50	
Surgical Assistant		57.00	
Surgery:Operating Room Fee		33.50	
Surgery Pack: Regular		20.70	

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Surgery Pack:Spec.Instrs.		28.00
1 Injection Medium Patient	3	118.50
Polyglycans Hv Injection		72.50
Pain Med. Inj. MD Patient		50.00
Estimated Rx: Med. Patient	4	150.00
Data Entry: RAT		0.00

Total estimate charges...
Created: 5/11/2018

\$2646.10 X2

Be assured that the health of Bill is our highest concern and we will do everything possible to maintain that health. Understand, too, that your signature below indicates that you have reviewed and agree to the terms of this estimate.

Your signature below does not make you responsible for the charges listed above unless performed upon Bill.

I accept and agree to the terms of this estimate:

~~Benjamin P. Abbot~~ PHONE NUMBER: _____

* Right blew on 5/11/18
Left blew on 5/25/18

