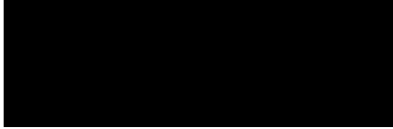


# Nipomo Dog & Cat Hospital 929-2855

525 Sandydale Drive  
Nipomo, CA 93444

Tel: 805-929-2855



Estimate for Services	
DATE	EST. NUM
01/07/19	304591

Acct no.: 9098

Mckenzie Rasmussen DVM

Patient	Description	Low Qty	High Qty	Low Ext	High Ext
Yoshi	Examination - Pre-Anesthetic/Sedation	1	1	\$0.00	\$0.00
Yoshi	Standard Panel (Pre-Anesthetic, PCV/TP)	0	1	\$0.00	\$58.00
Yoshi	Catheter & Fluids/Intra Op	0	1	\$0.00	\$62.00
Yoshi	Hospitalization Observation Day	1	1	\$26.50	\$26.50
Yoshi	Anesthesia (In Surgical Suite) <25# (0-60 min)	1	1	\$147.50	\$147.50
Yoshi	Anesthesia Addl Over 60 min - (Ea Addl 30 min)	0	1	\$0.00	\$89.60
Yoshi	Pain Relief - Pre & Post Op <25#	1	1	\$39.60	\$39.60
Yoshi	Enucleation	1	1	\$330.40	\$330.40
Yoshi	Pain Meds To Go Home \$19 - \$40	1	1	\$21.00	\$42.00
Yoshi	Antibiotics TGH	0	1	\$0.00	\$21.00
Yoshi	E-Collar 4" X-Small (Blue Soft)	1	1	\$12.23	\$24.80
Yoshi	Misc Treatment (for Estimate)	0	0.5	\$0.00	\$50.00

Low/High Subtotal: \$577.23 \$891.40

\$0.00

Tax: \$0.89 \$1.80

Low/High Total: \$578.12 \$893.20

Deposit method:

Deposit note:

Previous Balance: \$0.00 \$0.00

Deposit: \$0.00 \$0.00

Low/High Balance after Deposit: \$578.12 \$893.20

I, the undersigned, do hereby certify that I am the owner (or authorized agent of the owner) of the above described animal, and I authorize the performance of diagnostic, therapeutic, anesthetic, surgical and preventative procedures listed above or emergency procedures as may be deemed necessary by the veterinarian.

I have been advised as to the nature of the above procedures or operations and of the risks involved. I realize that results can not be guaranteed.

I understand the above quoted cost may vary, depending upon the extent of treatment required. A veterinarian or member of the staff will make reasonable efforts to notify me prior to any additional treatment when the actual cost is expected to exceed this estimate by 10% unless the additional treatment is required as an immediate life saving measure.

I understand that if fleas are found on my pet, the clinic will administer a single dose of flea treatment medication to prevent the transfer of fleas to other patients in the hospital. I will be charged a fee for this treatment that will range between \$8.00



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and \$25.00.

I have crossed out and initialed any recommended treatments and/or services that I am declining. These procedures have been strongly recommended by the veterinarian and I am aware that I am declining the procedures against medical advice by initialing the individual items.

I have read and understand this authorization and consent. Estimates are valid for 60 days.

I understand payment is due in full at the time of service. We accept Cash, Check, Credit Card, or Care Credit.

\_\_\_\_\_  
Owner/Agent

\_\_\_\_\_  
Date

Phone number(s) where we can contact you TODAY:

\_\_\_\_\_

How would you like our nursing staff to contact you with updates about your pet TODAY:

( ) Call me at this phone number: \_\_\_\_\_

( ) Text me at this cell phone number: \_\_\_\_\_

( ) Email me at this email address \*(PLEASE print very clearly):

\_\_\_\_\_