

Just the Fax...

Saugus Animal Hospital

27737 Bouquet Canyon Road Suite 130

Saugus, CA 91350

Phone (661)297-8373

Fax (661)297-0768

2 Pages (including this page)

Date:

1/29/19

Fax:

626 325 6296

To:

Free Animal Doctor

From:

Saugus Animal Hospital

Subject:

"Papus" Eaton Estimate

Comments:

Saugus Animal Hospital

1/17/2019

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27737 Bouquet Canyon Rd, Suite 130
Saugus, CA 91350

(661) 297-8373

Client ID: 21632
Estimate ID: 83120
Expiration Date: 2/16/2019

Patient ID: 50981	Species: Canine	Weight: 15.40 pounds	Sex: Male
Patient Name: Papas	Breed: Pomeranian	Birthday: 08/25/2005	

<u>Description</u>	<u>Staff Name</u>	<u>Low Qty.</u>	<u>Low Amount</u>	<u>High Qty.</u>	<u>High Amount</u>
1/17/2019 ANTECH Saugus Custom Profile	Dr. Melissa Brogan	1.00	\$225.00	1.00	\$225.00
		Low Subtotal:	\$225.00	High Subtotal:	\$225.00
		Less Discount:	\$22.50	Less Discount:	\$22.50
		Low Total:	\$202.50	High Total:	\$202.50

This constitutes an estimate of charges for services to be provided for your pet as indicated above. This estimate is valid for 30 days and includes only those items listed. Prices may vary upon services rendered. If conditions warrant substantial changes in these anticipated fees, we will attempt to notify you by telephone. In the event that direct communication with you cannot be established, the attending clinician is hereby authorized to exercise his or her own discretion with regard to your pet's care.

I, the undersigned, understand that as with any medical or surgical procedure, there may be inherent risks. If Sedation or Anesthesia is included above, the inherent risks of such procedures have been disclosed to me. I understand that during my pet's hospitalization, overnight monitoring is not provided. It may, therefore, be necessary for me to transport my pet to an overnight Critical Care facility for 24 hour monitoring.

I agree to pay a deposit of _____% of the estimate fees, assume financial responsibility for the remaining fees, and provide payment in full at the time my pet is discharged from the hospital.

I hereby approve the performance of the procedures, tests and examinations listed above.

Authorization _____

Telephone numbers where you can be reached during your pet's hospitalization