SOUTHERN CALIFORNIA
VETERINARY SPECIALTY HOSPITAL

Date 6/1/19

Fee Estimate for Veterinary Services

Client ID: 7115

Client's Full Name: MARASCO

Patient's Name: CHLOE

The following diagnostic work-up, treatment, and/or procedure are being recommended for your pet:

Amount	Description	Amount	Description
$ =	Consultation/Recheck	$ 2500 - =	SURGERY - REMOVE STAPLE
$ =	Lab work	$ 2500 =	MAST CELL TUMOR
$ 230 =	Radiographs - 2	$ 250 =	BIOPSY
		$ =	

Total Estimate: $ 3000 - 3300 *(This estimate is good for 2 weeks)*

The anticipated hospitalization included in this estimate is 1 day(s).

_____ **Initial** The following **ARE NOT INCLUDED IN THIS ESTIMATE:** follow-up examinations, bandage changes, X-rays, implant removals, additional hospitalization, laboratory work, and medication.

_____ **Initial** The above mentioned fees are **ONLY AN ESTIMATE FOR SERVICES.** While we strive to stay within the estimated fees, unforeseen events and unanticipated complications can occur and may cause your actual bill to exceed the estimate. Should this occur, we will do everything we can to contact you and an additional deposit may be taken.

_____ **Initial** I, the undersigned, owner or authorized agent of the admitted patient, hereby authorize the admitting veterinarian (and his/her designated associates or assistants) to administer such treatment as is necessary to perform procedures considered therapeutically and/or diagnostically necessary. I also consent to the administration of such anesthetics as are necessary. I further understand that no guarantee of successful treatment is made, and that the risks and probabilities of complications exist with any surgical or medical treatment. **In the event that your pet undergoes cardiac / respiratory arrest while in the hospital, we will immediately take CPR action unless the DNR option below is initialed.**

_____ **DNR – No resuscitation efforts (ONLY initial if these are your wishes)**

I ACKNOWLEDGE MY ACCEPTANCE OF THE ABOVE ESTIMATE AND POLICIES.

_____ SIGNATURE OF OWNER / AGENT

____/____/____ DATE

Payment options we accept:

Visa *MasterCard* *Discover* *American Express* *CareCredit* *Cash* **Check*

**Checks are electronically processed*

Payment for services is due at the time services are rendered.

Our hospital offers senior & military discounts with proper documentation (discounts do not apply to CERF exams & certain MRI & Vet Stem charges). It is the responsibility of our clients to make sure any discount is applied at the time of check out.

Revised 11/17/11