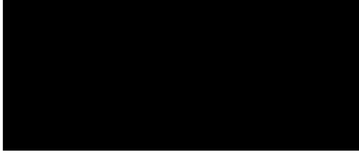
VCA AVCC-Valley
22123 Ventura Blvd| Woodland Hills, CA 91364| (818) 436 - 4630

| Prepared: **10/22/2019 at 14:41** | Treatment Plan: **607900633**

Client	Patient
	**Scooby** (#77508) Species: Canine (Terrier, Jack Russell) Sex: Male Neutered | Color: White And Brown Birth: 09/15/2006 | Age: 13y 1m | Weight: 19.6 Pounds

Detailed Information

Date	Description	Qty	Price	Total Low Price
Day 1	Cardiology Reassessment	1	$108.00	$108.00
	Echocardiogram Recheck	1	$350.45	$350.45

THIS TREATMENT PLAN AND ESTIMATE MAY RANGE FROM: $458.45 to $573.06* **Client Initials:** ____________________

AUTHORIZATION FOR MEDICAL AND/OR SURGICAL TREATMENT

I, the undersigned, certify that I am the owner, or authorized agent for the owner, of the animal, "**Scooby**". I authorize the doctor on duty and assistants to perform the procedures listed in the above treatment plan and estimate, including administration of pain relief medications, sedatives and/or anesthetics, as well as any necessary and appropriate medical, radiological, surgical, diagnostic and/or emergency care for **Scooby**.

I have been advised as to the nature of the procedures and the potential risks, and I understand the reason why such medical and/or surgical treatment is considered necessary, as well as its advantages, and possible complications, if any. I also understand that no guarantee of successful treatment can be made. In some cases, it is impossible to accurately estimate the total charges involved because the total extent of the injuries or illness may not be immediately apparent. The results of blood tests, urinalysis, radiographs, etc. may be needed before the doctor can approximate a total expense. Additionally, it is impossible to accurately estimate the time an individual animal needs to respond to a treatment plan and this factor will affect the total cost. It is understood that these are estimated fees.

If additional treatment is needed that exceeds the estimated range, the hospital will contact me with an updated treatment plan and estimate to obtain my permission to proceed, and I will increase my deposit accordingly. In the event that any urgent care requirements arise and the hospital makes a reasonable attempt but is not able to contact me, I grant permission to render to **Scooby** whatever emergency and life-stabilizing treatments are deemed necessary by hospital personnel and agree to pay for these emergency and life-stabilizing treatments even if they exceed this estimate. I understand that prices on this treatment plan and estimate are valid for **30** days from the document date.

If additional care is necessary, that exceeds the initial estimate, we will require payment of the current balance in full plus an additional **75.00**% of the new estimate.

Client Initials: ____________________

TREATMENT PLAN

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For hospitals not open 24 hours a day, please be advised that if your pet is hospitalized or otherwise stays overnight or after hours, there may be periods during which there are no personnel on the premises.

A MINIMUM DEPOSIT OF 75.00% OF THE ESTIMATE IS REQUIRED: $343.84

I assume full financial responsibility for all charges and services incurred to Scooby while in the hospital and agree to pay all such charges at the time of release of such patient.

I hereby certify that I have read and fully understand this authorization for medical and/or surgical treatment.

Important Patient/Client Information:
Phone numbers where you can be reached today:

Phone: ______________ Call me ☐ Text me ☐ Notes: ______________

Phone: ______________ Call me ☐ Text me ☐ Notes: ______________

What time did your pet last eat: ______________

Employee notes/comments: ______________

I hereby certify that I have read and fully understand this Treatment Plan Authorization. Signature of Owner or Responsible Agent Must be 18 years of age or older

Signature: ______________ Print Name: ______________ Date: ______________

Employee Signature *(If applicable below):*

Signature: ______________ Print Name: ______________ Date: ______________

Summary

Patient Name	Total Price	Total Tax	Low Total	High Total
Scooby	$458.45	$0.00	$458.45	$573.06*

Previous Balance:	$0.00
Estimate Low Total:	$458.45
Estimate High Total *:	$573.06*
Grand Total range:	**$458.45 - $573.06***

*APPLICABLE TAXES MAY BE ADDED TO HIGH TOTALS.

Thank you for trusting us with your pet's care. Your friends at VCA AVCC-Valley.

TREATMENT PLAN