



VCA Advanced Veterinary Care Center

7712 Crosspoint Commons | Fishers, IN 46038 | (317) 578 - 4100

| Prepared: 9/26/2019 at 16:21 | Treatment Plan: 119524941

**Client**Joy [REDACTED]  
[REDACTED]**Patient**

Ernie (#144756)

Species: Feline (Domestic Short Hair)

Sex: Male Neutered | Color: Black

Birth: 04/20/2012 | Age: 7y 5m | Weight: 5.8 kg

**Detailed Information**

Date	Description	Qty	Price	Total Low Price
Day 1	Rad Oncology Recheck This estimate includes 5 daily treatments of radiation therapy as administered over a 1 week period. Although exams are done at each visit, there is only one charge at the first day of the treatment course which will encompass the charges for all daily physical exams.	1	\$93.60	\$93.60
	RT Planning IMRT This is the charge for using specialized radiation planning software to calculate and plan the intensity modulated radiation treatment on the patient's CT images imported into our system. This fee also includes positioning the patient using this plan. This is a one time fee.	1	\$514.05	\$514.05
	RT Delivery IMRT This is the cost for administering each daily treatment with radiation. This treatment requires anesthesia and fluid administration (separate line items on this estimate). Anesthesia is required to administer daily treatments. Fluids are typically administered with each episode of anesthesia. This also includes the charge for daily image verification which investigates accuracy of positioning for treatment as well as look for any changes in the tumor volume and shape that would indicate a need to adjust the radiation treatment area.	5	\$1,570.25	\$1,570.25
	Anesthesia Rad Tx	5	\$195.25	\$195.25
	Fluids Radiation Therapy	5	\$175.75	\$175.75
	MISC Prescription This is an approximation for the cost of medications that may need to be administered throughout the course of radiation treatment, which can vary from patient to patient.	1	\$172.85	\$172.85
	Hospitalization Radiology Oncology This is the cost for boarding your pet in our hospital for the duration of their treatment. This is optional.	4	\$137.00	\$137.00

Thank you for trusting us with your pet's care. Your friends at VCA Advanced Veterinary Care Center.



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**THIS TREATMENT PLAN AND ESTIMATE MAY RANGE FROM: \$2,858.75 to \$3,573.44\***

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, "Ernie". 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 **Ernie**.

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 **Ernie** 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 **100.00%** of the new estimate.

Client Initials: \_\_\_\_\_

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 100.00% OF THE ESTIMATE IS REQUIRED: \$2,858.75**

I assume full financial responsibility for all charges and services incurred to Ernie 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:

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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
Ernie	\$2,858.75	\$0.00	\$2,858.75	\$3,573.44*

Previous Balance:	\$0.00
Estimate Low Total:	\$2,858.75
Estimate High Total *:	\$3,573.44*
<b>Grand Total range:</b>	<b>\$2,858.75 - \$3,573.44*</b>

\*APPLICABLE TAXES MAY BE ADDED TO HIGH TOTALS.

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