



# Sugar Land Veterinary Specialists

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 Sugar Land, TX 77478  
 (281) 491-7800

Visit us on the web at [www.slvetspecialists.com](http://www.slvetspecialists.com)

**Sep 25, 2019**  
**Estimate Number**  
**46406**

**Geisha (# A)**

Species: Canine  
 Sex: Female Spayed  
 Age: 7 years and 3 months old  
 Breed: Poodle  
 Coat Color: White

Code Description	Low Qty	High Qty	Low Price	High Price
SX1011 Sedation Procedure	1.00	1.00	\$ 61.08	\$ 82.16
8654 Atipamazole (Antisedan) injection 5mg/mL	0.20	0.40	\$ 0.00	\$ 0.00
8118 Butorphanol 10 mg/ml Injection	0.20	0.40	\$ 0.00	\$ 0.00
8530 DexMedetomidine(DexDomitor) Inj 0.5mg/mL	0.20	0.40	\$ 0.00	\$ 0.00
85522 Ketamine 100mg/mL Injection	0.20	0.40	\$ 0.00	\$ 0.00
7002A Catheterization, Peripheral: add/replace	1.00	1.00	\$ 36.19	\$ 36.19
7010 IV T-Port	1.00	1.00	\$ 0.00	\$ 0.00
7011 IV Cap	1.00	1.00	\$ 0.00	\$ 0.00
7005A IV Fluids, initial set-up	1.00	1.00	\$ 49.60	\$ 49.60
7005 IV Fluid Therapy - Initial/bag	1.00	1.00	\$ 0.00	\$ 0.00
7004 IV Extention Set Macrobore 32"	1.00	1.00	\$ 6.64	\$ 6.64
7003 IV Administration Set 104" Baxter	1.00	1.00	\$ 11.56	\$ 11.56
8581 Propofol 10mg/ml injection	0.00	5.00	\$ 0.00	\$ 35.25
808 Anesthesia - Add 1/4 hour	0.00	4.00	\$ 0.00	\$ 112.32
28039 Anesthesia Monitoring I	0.00	1.00	\$ 0.00	\$ 47.00
25020 Technician Anesthesia/hr	0.00	1.00	\$ 0.00	\$ 52.00
21016 CT Scan Head / Skull	1.00	1.00	\$ 450.00	\$ 450.00
21013 CT Scan with contrast	20.00	40.00	\$ 105.20	\$ 160.40
21020A CT Scan STAT IDEXX (consult)	1.00	1.00	\$ 247.00	\$ 247.00
21022 CT 3D image reconstruction	0.00	1.00	\$ 0.00	\$ 50.00
12000 Miscellaneous: Medications/Treatments	1.00	1.00	\$ 50.00	\$ 100.00

**Total for Geisha: \$ 1,017.27 \$ 1,440.12**

J. Matthew Sherwood

**Total Invoice: \$ 1,017.27 \$ 1,440.12**

**Consent 1 of 6 for Geisha**

64095) - Continued

Initial Please

I accept the estimate

*This is only an estimate of charges. I accept that a good faith effort has been made to anticipate costs of treatment. However, I understand that medical conditions may change unexpectedly resulting in changes in ultimate charges and costs. I am the owner's agent for the pet named above and I accept full financial responsibility. The doctor has explained the medical conditions affecting my pet and the proposed regimen of treatment. I authorize the doctor to proceed as described. I understand that I will be responsible for charges exceeding this estimate up to 25% of the total above. I agree to retrieve my pet prior to the agreed upon time to avoid accruing late fees.*

Initial Please

I decline the estimate

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date and Time

**Consent 2 of 6 for Geisha**

Initial Please

If my pet should suffer cardiac arrest; I request full resuscitation efforts with the understanding additional financial responsibility will result even if CPR measures are unsuccessful, resulting in death.

*A recent study by Tufts Veterinary School (ACVIM 2008) evaluated 62 dogs and cats who experienced cardiac or respiratory arrest indicates although 67% were restored to spontaneous circulation (ie. breathing and normal heart rhythm) **only 7% were discharged from the hospital (5 dogs and 0 cats).***

Initial Please

(DNR) Please do not resuscitate my pet in the event of cardiac arrest.

**Consent 3 of 6 for Geisha**

Off-label Use:

"Off-label" refers to the use of medication in a manner that is not specifically approved by the FDA. This is frequently done in veterinary medicine, since many drugs have not undergone clinical trials or pharmacokinetic studies in animals in order to be approved by the FDA. Clinical trials are very expensive, thus many drugs are used off-label.

\_\_\_\_\_  
*Signature Here*

\_\_\_\_\_  
*Today's Date Here*

**Date**

**Consent 4 of 6 for Geisha**

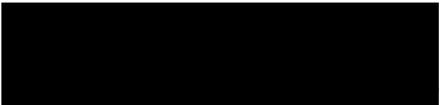
"I understand that this estimate is for services performed today through discharge from this visit. Follow up care is not included in this estimate and will be billed at the time services are performed. If you need an estimate for follow-up care, please let a technician know and we will be happy to provide you with one."

\_\_\_\_\_  
*Signature Here*

\_\_\_\_\_  
*Today's Date Here*

**Date**

**Consent 5 of 6 for Geisha**



*Continued*

Treatment requested: Work up of a problem

Your pet will undergo the above mentioned procedure. Signing this gives us permission to perform this work up. Potential complications that may incur additional cost include:

- 1. Stress associated vomiting and or diarrhea
- 2. Infections associated with the skin, gastrointestinal tract and or respiratory tract
- 3. Other \_\_\_\_\_

Please note that though these are the most commonly seen problems during general hospital boarding or work up of this problem other less commonly or unforeseeable complications or emergencies may arise.

If an unforeseen complication arises, we need your permission to treat as needed in the event of an emergency or in case we are not be able to contact you and there is a problem requiring medical attention.

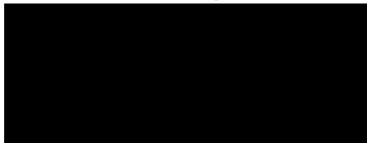
I, Sheena Sledge am aware of the possible problems that can develop and understand other problems, some requiring emergency care, not mentioned above may occur. I consent to all necessary treatment while Geisha is in the care of SLVS.

*Signature Here*

*Today's Date Here*

Please **circle or provide** the best contact phone numbers:

**Date**



**Consent 6 of 6 for Geisha**

Diagnostics and surgical procedures: Sedation and/or anesthesia

Your pet will undergo the above mentioned procedure. Potential complications that may incur additional cost include:

- 1. Anesthetic/sedative complications including dysphoria, allergic reaction, tracheal tear, thromboembolism, esophagitis, aspiration pneumonia, and/or death
- 2. Catheter site irritation or infection. Note the hair may be clipped if a catheter is placed
- 3. Other \_\_\_\_\_

Please note that though these are the most commonly seen complications with this particular procedure other less commonly or unforeseeable complications may arise.

Additional comments:

\_\_\_\_\_

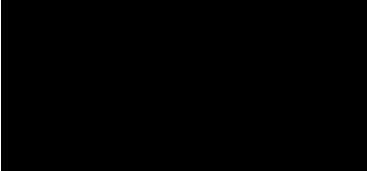
I, Sheena Sledge am aware of the possible complications and understand other complications not mentioned above may occur. I consent to surgery and accept the risks involved.

*Signature Here*

*Today's Date Here*

Please **circle or provide** the best contact phone numbers:

**Date**



\_\_\_\_\_