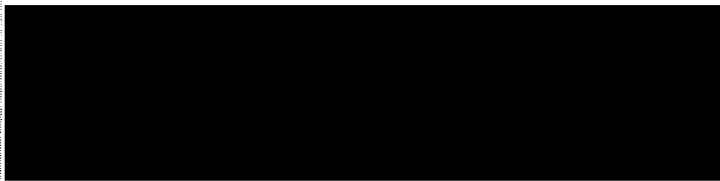


WesternU Pet Health Center

611 E. 2nd St.
 Pomona, CA 91766
 (909) 865-2433

Estimate Title: Trooper Cricopharyngeal achalasia 11.26.19



Nov 26, 2019

Treatment Plan
12022

Trooper (# A)

Species: Canine
 Sex: Male
 Age: 1 year old
 Breed: Mixed
 Coat Color: White & Black
 Rabies Tag Number:

cricopharyngeal
Achalasia

Bordetella Vaccine:
 Canine Influenza Bivalent:
 DAP Vaccine:
 DAPP Vaccine:
 Dental Prophylaxis:
 Fecal Parasite Exam:

Code	Description	Low Qty	High Qty	Low Price	High Price
34043	Visit Surgical	1.00	1.00	\$ 0.00	\$ 0.00
42181	Pre-anesthetic Prep 1 w/UA	1.00	1.00	\$ 83.06	\$ 83.06
8328	◆ Chem 10	1.00	1.00	\$ 0.00	\$ 0.00
8911	◆ Pcv (hematocrit)	1.00	1.00	\$ 0.00	\$ 0.00
8049	◆ Urine Specific Gravity	1.00	1.00	\$ 0.00	\$ 0.00
8063	◆ Urine Reagent Strip	1.00	1.00	\$ 0.00	\$ 0.00
8047	◆ Urine Sediment	1.00	1.00	\$ 0.00	\$ 0.00
27098	◆ Sample Collect/Prep	1.00	1.00	\$ 0.00	\$ 0.00
42097	Injectable Anesthetic Drugs	1.00	1.00	\$ 0.00	\$ 0.00
1205	◆ Acepromazine Inj. (10mg/ml)	1.00	1.00	\$ 0.00	\$ 0.00
1101	◆ Buprenorphine Injectable (0.3mg/ml)	1.00	1.00	\$ 0.00	\$ 0.00
1111	◆ Butorphanol Injectable (10mg/ml)	1.00	1.00	\$ 0.00	\$ 0.00
1211	◆ Dex(0.5mg/ml)ket(100mg/ml)torb(10mg/ml)	1.00	1.00	\$ 0.00	\$ 0.00
1137	◆ Hydromorphone Injectable (2mg/ml)	1.00	1.00	\$ 0.00	\$ 0.00
1219	◆ Midazolam Inj. (5mg/ml)	1.00	1.00	\$ 0.00	\$ 0.00
1223	◆ Telazol Injectable (100mg/ml)	1.00	1.00	\$ 0.00	\$ 0.00
1221	◆ Propofol Inj. (10mg/ml)	1.00	1.00	\$ 0.00	\$ 0.00
1027	◆ Bupivacaine Inj. 0.5% (5mg/ml)	1.00	1.00	\$ 0.00	\$ 0.00
1215	◆ Lidocaine Injectable 2%	1.00	1.00	\$ 0.00	\$ 0.00
1227	◆ Alfaxan Inj. (10mg/ml)	1.00	1.00	\$ 0.00	\$ 0.00
1207	◆ Antisedan Inj. (5mg/ml)	1.00	1.00	\$ 0.00	\$ 0.00
42071	General Anesthesia Pkg Up To 1 Hr	1.00	1.00	\$ 403.47	\$ 403.47
42069	◆ Blood Pressure Monitoring, Anesthesia	1.00	1.00	\$ 0.00	\$ 0.00
42067	◆ Electrocardiogram Monitoring	1.00	1.00	\$ 0.00	\$ 0.00
42185	◆ General Anesthesia (up To 60 Minutes)	1.00	1.00	\$ 0.00	\$ 0.00
34013	◆ Hospitalization-teamcare (routine)	1.00	1.00	\$ 0.00	\$ 0.00
34015	◆ Hospitalization- Ward Fee (routine)	1.00	1.00	\$ 0.00	\$ 0.00
27001	◆ Iv Catheterization	1.00	1.00	\$ 0.00	\$ 0.00
27501	◆ Iv Fluids Pump	1.00	1.00	\$ 0.00	\$ 0.00
27511	◆ Iv Extension Set	1.00	1.00	\$ 0.00	\$ 0.00
27513	◆ Iv Fluid Administration Set	1.00	1.00	\$ 0.00	\$ 0.00
42055	◆ Pre-anesthetic Examination	1.00	1.00	\$ 0.00	\$ 0.00
42061	◆ Pulse Oximeter	1.00	1.00	\$ 0.00	\$ 0.00
42059	◆ Recovery Care After Anesthesia	1.00	1.00	\$ 0.00	\$ 0.00
42057	◆ Tracheal Intubation (surgery)	1.00	1.00	\$ 0.00	\$ 0.00

Trooper (# A) - Continued

Code	Description	Low Qty	High Qty	Low Price	High Price
1033	◆ Sevoflurane Vetone	1.00	1.00	\$ 0.00	\$ 0.00
42065	General Anesthesia (each Additional 15m)	2.00	4.00	\$ 91.88	\$ 183.76
42089	Operating Room And Setup Bundle	1.00	1.00	\$ 0.00	\$ 0.00
42051	◆ Operating Room And Setup	1.00	1.00	\$ 52.17	\$ 52.17
42107	◆ Sterile Surgical Drape	1.00	2.00	\$ 24.57	\$ 49.14
42109	◆ Sterile Surgical Gloves	1.00	2.00	\$ 8.98	\$ 17.96
42111	◆ Sterile Surgical Gown	1.00	2.00	\$ 17.64	\$ 35.28
42103	◆ Sterile Instrument Pack (major)	1.00	1.00	\$ 81.72	\$ 81.72
42115	◆ Surgical Prep	1.00	1.00	\$ 13.31	\$ 13.31
99997	Cricopharyngeal Achalasia	1.00	1.00	\$ 720.00	\$ 1,440.00
42117	Additional Surgical Instrument Pack	1.00	1.00	\$ 19.55	\$ 19.55
42147	Suction W/ Sterile Tip & Handle	0.00	1.00	\$ 0.00	\$ 99.51
4213	Surgery Suture Bundle	1.00	1.00	\$ 50.00	\$ 100.00
42137	◆ Monocryl Suture	0.00	0.00	\$ 0.00	\$ 0.00
42193	◆ Nylon Suture	0.00	0.00	\$ 0.00	\$ 0.00
42129	◆ PDS Suture	0.00	0.00	\$ 0.00	\$ 0.00
24128	◆ Prolene Suture	0.00	0.00	\$ 0.00	\$ 0.00
42191	◆ Vicryl Suture	0.00	0.00	\$ 0.00	\$ 0.00
42123	Electrocautery W/ Sterile Tip & Handle	0.00	1.00	\$ 0.00	\$ 106.51
42099	Post-op Pain Management Drugs	1.00	1.00	\$ 0.00	\$ 0.00
1643	◆ Meloxicam Inj. (5mg/ml)	1.00	1.00	\$ 0.00	\$ 0.00
1711	◆ Carprofen Inj. (50mg/ml)	1.00	1.00	\$ 0.00	\$ 0.00
1031	◆ Simbadol Inj. (1.8mg/ml)	1.00	1.00	\$ 0.00	\$ 0.00
1333	Cefazolin Inj. (per ml)	1.00	3.00	\$ 22.83	\$ 24.39
99955	Elizabethan Collar 25cm	1.00	1.00	\$ 21.15 ^{+tx}	\$ 21.15 ^{+tx}
34015	Hospitalization- Ward Fee (routine)	1.00	1.00	\$ 22.05	\$ 22.05
99997	Misc. Service ¹	1.00	1.00	\$ 40.00	\$ 80.00

Total for Trooper: \$ 1,672.38 \$ 2,833.03

Dr. Young Joo Kim

Total Products: \$ 1,672.38 \$ 2,833.03

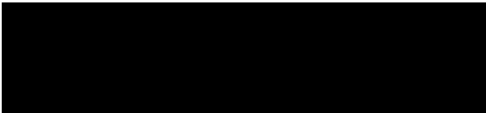
TAX 1: \$ 2.17 \$ 2.17

Total Invoice: \$ 1,674.55 \$ 2,835.20

Notes

¹Medications

Consent 1 of 2 for Trooper



inued

I am the owner/appointed agent for the above described animal and have the authority to execute this authorization and consent. I hereby authorize and consent to the performance of the following by Western University of Health Sciences dba Pet Health Center (Clinic). I understand that all pets are required to be current on their vaccinations and free from internal and external parasites. If your pet is not current or you cannot provide documents showing the vaccines were administered by a veterinarian, we will administer the required vaccines. If it is discovered that your pet is infected with external or internal parasites, we will administer appropriate treatment to address the infection. In both instances, any additional costs associated with the administration of vaccines or parasite medications will be at the owner/appointed agent's expense. I understand that during the performance of the above treatment/procedure(s)/surgery, unforeseen conditions may occur that necessitate an extension of the above procedure(s) or different procedure(s) than those set forth above. I hereby consent to and authorize the performance of such procedure(s) or surgery as are necessary and reasonable in the veterinarian's professional judgment. I authorize the use of appropriate anesthetics, tests, antibiotics, vaccines, pain medications, or treatments as deemed appropriate by the veterinarian for the health, safety, and wellbeing of my pet while under the care and supervision of the Clinic. I understand that there are inherent risks associated with sedation, anesthetic, medical, and surgical procedures, including death. I realize that results cannot be guaranteed and that the use of anesthetics, medications and/or surgery can result in complications, including but not limited to death. I authorize the Clinic to initiate care to address these complications should they arise while under their care. In the event of an emergency, the Clinic will make every reasonable attempt to contact me so that I am aware of the situation and involved in medical decisions. I understand that I am financially responsible for all charges incurred in the treatment of my pet, and that, in the event of the development of an illness or emergency that requires additional treatment, additional charges will apply. I understand that payment in full is required at the time of my pet's discharge, unless arrangements are made in advance. I understand that estimates of charges are only estimates and NOT A GUARANTEE of final charges. Charges depend on treatment/services actually rendered. Reasonable attempts will be made, in advance, to obtain approval for additional services. I understand that veterinary students may be involved with the examination and/or treatment of my pet, under the supervision of a licensed Veterinarian or Registered Veterinary Technician (RVT). If my pet should injure itself in an escape attempt, refuse food, soil itself, become ill, or die while in the care of the Clinic, I will hold the Clinic and the staff free of all responsibility and/or liability in the absence of gross negligence.

Owner/Appointed Caregiver Signature:

Date

Consent 2 of 2 for Trooper

Joan Bergquist (# 15839) - Continued

I am the owner/appointed agent for the above described animal and have the authority to execute this authorization and consent. I hereby authorize and consent to the performance of the following by Western University of Health Sciences dba Pet Health Center (Clinic). I understand that all pets are required to be current on their vaccinations and free from internal and external parasites. If your pet is not current or you cannot provide documents showing the vaccines were administered by a veterinarian, we will administer the required vaccines. If it is discovered that your pet is infected with external or internal parasites, we will administer appropriate treatment to address the infection. In both instances, any additional costs associated with the administration of vaccines or parasite medications will be at the owner/appointed agent's expense. I understand that during the performance of the above treatment/procedure(s)/surgery, unforeseen conditions may occur that necessitate an extension of the above procedure(s) or different procedure(s) than those set forth above. I hereby consent to and authorize the performance of such procedure(s) or surgery as are necessary and reasonable in the veterinarian's professional judgment. I authorize the use of appropriate anesthetics, tests, antibiotics, vaccines, pain medications, or treatments as deemed appropriate by the veterinarian for the health, safety, and wellbeing of my pet while under the care and supervision of the Clinic. I understand that there are inherent risks associated with sedation, anesthetic, medical, and surgical procedures, including death. I realize that results cannot be guaranteed and that the use of anesthetics, medications and/or surgery can result in complications, including but not limited to death. I authorize the Clinic to initiate care to address these complications should they arise while under their care. In the event of an emergency, the Clinic will make every reasonable attempt to contact me so that I am aware of the situation and involved in medical decisions. I understand that I am financially responsible for all charges incurred in the treatment of my pet, and that, in the event of the development of an illness or emergency that requires additional treatment, additional charges will apply. I understand that payment in full is required at the time of my pet's discharge, unless arrangements are made in advance. I understand that estimates of charges are only estimates and NOT A GUARANTEE of final charges. Charges depend on treatment/services actually rendered. Reasonable attempts will be made, in advance, to obtain approval for additional services. I understand that veterinary students may be involved with the examination and/or treatment of my pet, under the supervision of a licensed Veterinarian or Registered Veterinary Technician (RVT). If my pet should injure itself in an escape attempt, refuse food, soil itself, become ill, or die while in the care of the Clinic, I will hold the Clinic and the staff free of all responsibility and/or liability in the absence of gross negligence.

Owner/Appointed Caregiver Signature:

Date