

ESTIMATE FOR SERVICES

Animal Care Center of Plainfield

14411 S. Rt. 59  
Plainfield, IL 60544  
815-436-8387

Date: 9/16/2018

RESCUE SMALL PAWS	Account: 105043	Phone: (918) 638-5854	Patient: HOBBIT	
Code	Service/Item	Qty	Amount	
1868	Ampicillin Injectable	1.00	29.80	
1264	Metronidazole Injectable	1.00	45.45	
CER75	Cerenia Injection <75 lbs	1.00	52.15	
BUHOS	Buprenorphine inj-hosp	1.00	53.55	
INVBUP	Buprenorphine - inventory control	1.00	0.00	
218	Glucose Test (AlphaTrak)	2.00	41.20	
GLUCOSE	Glucose Test in house - inventory control	2.00	0.00	
98743	Additional Inj- Non Controlled	5.00	81.00	
CARE	CARE ER (Overnight Care)	1.00	200.00-400.00	

Estimate Total: 503.15 - 703.15

Discounts: 0.00

Net Total: \$503.15 - \$703.15

This is only an ESTIMATE. The actual treatment plan may require more diagnostics, medications or procedures. This estimate is not a representation of the final bill. In addition, when medically necessary, hospital stays require certain vaccines and tests that can cost up to \$160.

**\*\*THE FINAL BILL WILL BE COLLECTED UPON DISCHARGE\*\***

I have read and do understand this estimate.

Signed: \_\_\_\_\_  
Date: \_\_\_\_\_

I DECLINE THIS RECOMMENDED TREATMENT PLAN:

Signed: \_\_\_\_\_  
Date: \_\_\_\_\_

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-AUTHORIZATION OF ADDITIONAL TREATMENT PER DAY-

I take full responsibility for any charges that may accrue after my intial deposit is made. I am aware that additional charges will be added to my bill and will be due in full at the time of pick up. Someone will be in contact each day to discuss a new estimate/treatment plan for each additional day of my pet's care.

Signed: \_\_\_\_\_  
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