

ESTIMATE FOR SERVICES

Animal Care Center of Plainfield

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

Date: 10/13/2018

Estimate 10/13/2018 11:21 AM

Table with columns: Code, Service/Item, Qty, Amount. Includes items like 1-ORG Office Visit, RECTRU Recommend TruPanion, BIO BIOHAZARD DISPOSAL FEE, etc.

Estimate Total: 761.51

Discounts: 114.48

Net Total: \$647.03

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: _____

-AUTHORIZATION OF ADDITIONAL TREATMENT PER DAY -

I take full responsibility for any charges that may accrue after my initial 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: _____
