

BluePearl Veterinary Partners - Spring

bluepearlvet.com

1646 Spring Cypress Road
Spring, TX 77388

(832) 616-5000

2/22/2020

Page 1 / 2

Small Paws Rescue
19 Green Slope Place

Spring, TX 77381

Client ID: 13626

Treatment Plan ID: 11211

Expiration Date: 5/22/2020

Patient ID: 411585	Species: Canine	Weight:	Sex: Male
Patient Name: Dutch	Breed: Poodle Mix	Birthday: 02/22/2015	

	Description	Staff Name	Low Qty.	Low Amount	High Qty.	High Amount
2/22/2020	Consultation, Emergency	Marilyn L. Rumbaugh, DVM	1.00	\$150.00	1.00	\$150.00
2/22/2020	Catheter, I.V.		1.00	\$75.75	1.00	\$75.75
2/22/2020	Idexx Chemistry 17+Lytes+CBC - in clinic		1.00	\$255.75	1.00	\$255.75
2/22/2020	Hydromorphone 2mg/ml Inj. (per ml)		0.50	\$25.69	1.00	\$26.62
2/22/2020	Coxofemoral luxation reduction		1.00	\$150.00	1.00	\$150.00
2/22/2020	Hospitalization/Nursing Level 2		1.00	\$0.00	1.00	\$0.00
2/22/2020	Hospitalization - Level 2		2.00	\$134.00	3.00	\$201.00
2/22/2020	Nursing - Level 2		2.00	\$312.00	3.00	\$468.00
2/22/2020	Overnight Doctor Care		2.00	\$142.00	3.00	\$213.00
2/22/2020	Fluid Therapy, IV(Setup,Pump,Base,Fluid		2.00	\$347.50	3.00	\$521.25
2/22/2020	Carprofen(Rimadyl) 25mg Chewable Tab		7.00	\$30.12	10.00	\$36.60
2/22/2020	Buprenorphine 0.6 mg/ml Inj. (per ml) CP		1.50	\$36.63	2.00	\$40.59

Low Subtotal: \$1,659.44 High Subtotal: \$2,138.56

Low Total: \$1,659.44 High Total: \$2,138.56

OUR SERVICES

Anesthesiology & Pain Management	Diagnostic Imaging	Oncology
Critical Care	Emergency	Surgery
	Internal Medicine	

Client name: Small Paws Rescue Pet name: Dutch Is the pet insured? Yes No

Required initial payment: 1,700.00 _____ *estimate is for
 High end estimate: 2,200.00 _____ care through the
 Low end estimate: 1,700.00 _____ weekend only &
 - does not include surgical procedures if needed

Consent to Anesthesia, Treatment, Agency and Surgery

Please review and complete the following consent. If you have questions, please ask a staff member or doctor for assistance.

1. I am the owner or agent for the above-described animal and am above the age of 18.
2. I consent to the performance of general anesthesia and sedation; Yes No
3. I authorize the following: hospitalization for supportive care and attempt at coxalemporal luxation reduction; hospitalization and monitoring until Monday morning
4. Possible complications include: need for surgery to address dislocated hip, inability to urinate, need for further care, death
5. CPR code: Yes No
6. I understand that during the performance of procedure(s) or operation(s), unforeseen conditions may develop that necessitate an extension of the above procedures or operations or different procedures or operations other than those set forth above. Therefore, I consent to and authorize the performance of such procedures or operations, as are necessary and desirable based on the veterinarian's professional judgment.
7. I understand the nature of the procedures and operations planned and the risks involved. I further understand that there is no guarantee regarding the care and treatment or results.
8. I hereby appoint BluePearl, its officers and doctors as the Agent and Attorney-in-fact for the above referenced animal. I further expressly authorize that this appointment will be used to allow BluePearl, and its doctors at all times to make decisions regarding emergency care and treatment on behalf of the owner when the telephone numbers on the client information sheet are called but I, the owner, do not answer or am not available to discuss the emergency care and treatment that is recommended.
9. I understand that it is my responsibility to return for this animal when treatment is completed and to settle all charges on account at the time services are rendered. The estimate of charges provided is a good-faith estimate. Actual charges may vary.
10. Future visits and services will result in applicable charges. These can include, but are not limited to bandage changes, post-operative care, radiographs and further medical consultations.
11. I have read and understand this agreement and consent and voluntarily provide such consent and agree as provided above by executing this agreement.

Owner Signature

Date

Witness Signature