



722 Baltimore Pike
 Bel Air, Maryland, 21014
Ph: 410-420-7297
Fax: 410-420-2275

BILL TO
 Cheryl Hansford
 1205 Marywood Drive
 Bel Air, Maryland, 21014

Estimate
 DATE: 08-29-2022
 CLIENT ID: 264584
 PATIENT: Molly
 PATIENT ID: 187917
 DOCTOR: Teresa C Martinoli, DVM

DESCRIPTION	QTY	TOTAL
Consult - Emergency	1 → 1	\$120.00 → \$120.00
Exam		
PCV/TS	1 → 2	\$28.79 → \$57.58
IDEXX In House Chem 10 & Lytes	1 → 1	\$165.17 → \$165.17
Glucose - Glucometer	6 → 12	\$164.89 → \$329.77
IDEXX In House Catalyst LYTE 4	2 → 3	\$125.53 → \$188.29
IDEXX In House Catalyst LIVER PANEL	1 → 2	\$88.78 → \$177.55
ALT / ALKP / TBIL		
IV Fluids Set-Up	1 → 1	\$209.38 → \$209.38
Fluids-Plasmalyte /Bag	0 → 1	\$0.00 → \$46.06
Daily - Fluid Infusion Pump	2 → 3	\$52.80 → \$79.20
Fluid Additives- ESTIMATE	1 → 2	\$54.70 → \$109.40
Hospitalization 12-24 hrs	2 → 3	\$264.00 → \$396.00
Injectable Medication EST Only	1 → 2	\$70.00 → \$115.00
Misc. Diagnostic Procedure	0 → 1	\$0.00 → \$175.00
Misc. Pharmacy	1 → 1	\$80.00 → \$80.00

Subtotal \$1424.04 → \$2248.40
Tax \$0.00
Total \$1424.04 → \$2248.40
Required Deposit \$1424.04

I, the undersigned, do hereby certify that I am the owner (or authorized agent of the owner) of the above described animal, and I authorize the performance of diagnostic, therapeutic, anesthetic, surgical and preventative procedures listed above or emergency procedures as may be deemed necessary by the veterinarian. I have been advised as to the nature of the above procedures or operations and of the risks involved. I realize that results can not be guaranteed. I understand the above quoted cost may vary, depending upon the extent of treatment required. A veterinarian or member of the staff will make reasonable efforts to notify me prior to any additional treatment when the actual cost is expected to exceed this estimate by 10% unless the additional treatment is required as an immediate life saving measure. Any estimate lines which are crossed out are recommended treatments and/or services that I am declining. These procedures have been strongly recommended by the veterinarian and I am aware that I am declining the procedures against medical advice by initialing the individual items.

- I consent to my primary veterinarian receiving daily updates while my pet is being hospitalized.
- I understand that it is my responsibility to contact my primary care veterinarian concerning my pets possible transfer and continued medical care.
- I understand any personal items; towels, toys, blankets or items of clothing left in the hospital may not be returned to me.

I have read and understand this authorization and consent.

Accept _____ **(Owner's Signature)**

Owner/Agent: Cheryl Hansford

Date: August 29, 2022

I have DECLINED the recommend treatments and diagnostics and understand that these procedures have been strongly recommended by the veterinarian and I am aware that I am declining the procedures against medical advice.

DECLINED _____ **(Owner's Signature)**

Owner/Agent: Cheryl Hansford

Date: August 29, 2022