

ALMIGHTY ANIMAL HOSPITAL

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 Austin, Texas 78222
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Charlotte Sullivan
 3209 Barkhouse Dr.
 Austin, TX 78222

Client ID: 0103
 MCP ID: 25111
 EXP. Date: 07.03.2010

MEDICAL CARE PLAN

Patient ID: 5600 Species: CANINE Weight: 21 pounds Sex: Neuter
 Patient Name: BENSON Breed: SCHNAUZER Birthday: 06.01.1998

Description	Low Qty	Low Price	High Qty	High Price
TUMOR REMOVAL-CANINE				
PRE-ANESTHETIC EXAMINATION	1	47.00	1	47.00
PCV-ANEMIA AND HYDRATION TEST	1	15.00	1	15.00
CLOTTING TEST	1	12.00	1	12.00
BUN-KIDNEY FUNCTION TEST	1	28.00	1	28.00
ALT-LIVER FUNCTION TEST	1	15.00	1	15.00
PRE-ANESTHETIC MEDICATION	1	35.00	1	35.00
PROPOFOL INDUCTION 20-50 LBS	1	50.00	1	50.00
ISOFLURANE ANESTHESIA <60MIN	1	75.00	1	75.00
TUMOR REMOVAL 1-3 CM DIAMETER	1	110.00	1	110.00
ECG CONTINUOUS CARDIAC MONITOR	1	13.00	1	13.00
OXIMETER-BLOOD OXYGEN MONITOR	1	15.00	1	15.00
RESPIRATORY/BREATHING MONITOR	1	13.00	1	13.00
MORPHINE ANALGESIC INJECTION-PAIN MGMNT	1	30.00	1	30.00
HISTOPATHOLOGY	1	175.00	1	175.00
IV CATHETER PLACEMENT	1	45.00	1	45.00
FLUIDS IV-DURING ANESTHESIA	1	26.70	1	26.70
INFUSION PUMP ADMINISTRATION	1	25.30	1	25.30
WARM AIR CIRCULATION BLANKET	1	10.00	1	10.00
PERIODONTAL THERAPY-GRADE II	1	80.00	1	80.00
ISOFLURANE ANESTHESIA ADD'L	1	35.00	1	35.00
PAIN MEDICATION TABLETS	7	20.00	7	20.00
Low Subtotal		875.00	High Subtotal	875.00
Low Total		875.00	High Total	875.00

This MEDICAL CARE PLAN is good for 30 days.

As the owner or authorized agent of the above patient, I have the authority to consent to the procedures listed in the above MEDICAL CARE PLAN. I understand that payment is required upon release of my pet from ALMIGHTY ANIMAL HOSPITAL.

 Owner/Authorized Agent Signature/Date

 Owner/Authorized Agent Print Name

 Owner/Authorized Agent Phone Number