

# Treatment Plan Estimate

Dr. Robyn Lee  
 Greenville  
 1025 Woodruff Road  
 Greenville SC, 29607  
 (864) 252-9520

Yeti

November 23 2024, 2:58:49 pm

Pet Id: t3t84tdg

NEW TREATMENTS	QUANTITY	LOW	HIGH
<b>GENERAL SERVICES AND FEES</b>			
Emergency Visit	1   1	\$0.00	\$0.00
Greenville CBC/Chem/Lytes Bundle	1   1	\$375.00	\$375.00
Hospitalization 3 - Critical Care (per hr)	24   24	\$1,147.20	\$1,147.20
Hospitalization Setup	1   1	\$102.70	\$102.70
Additional Miscellaneous	500   1000	\$500.00	\$1,000.00
<b>DIAGNOSTICS</b>			
Complete Blood Count (CBC) - ProCyt	1   1	\$0.00	\$0.00
Chemistry 17 Panel - Catalyst	1   1	\$0.00	\$0.00
Electrolytes - Catalyst	1   1	\$0.00	\$0.00
Respiratory Disease (CRD) RealPCR™ Panel (Comprehensive)—Canine	1   1	\$380.00	\$380.00
Radiographs - Full Image set with Review	1   1	\$525.00	\$525.00
<b>MEDICATIONS</b>			
Ampicillin and Sulbactam 30 mg/mL Injectable	3   3	\$268.77	\$268.77
Enrofloxacin 22.7 mg/mL Injectable	1   1	\$214.21	\$214.21
Maropitant 10 mg/mL Injectable	1   1	\$231.79	\$231.79
<b>FLUIDS/CRI/OXYGEN</b>			
Lactated Ringers (LRS)	24 hr   24 hr	\$360.30	\$360.30
Oxygen Therapy - Nasal Oxygen	24 hr   24 hr	\$933.71	\$933.71
<b>TASKS</b>			
Inpatient Exam / Update	2   2	\$200.00	\$200.00
Place Peripheral IV Catheter	1   1	\$129.40	\$129.40
Perform Nebulizer Therapy - Serial 12 hours	2   2	\$160.08	\$160.08

**New Treatments                      \$5,528.16                      \$6,028.16**

VISIT SUMMARY			
NEW TREATMENTS		\$5,528.16	\$6,028.16
PREVIOUSLY APPROVED TREATMENTS		\$700.00	\$700.00
DISCOUNT		\$1,245.63	\$1,345.63
TAX		\$0.00	\$0.00
TOTAL TREATMENT		\$4,982.53	\$5,382.53
PAYMENTS RECEIVED		\$420.00	\$420.00
REMAINING BALANCE		\$4,562.53	\$4,962.53

This estimate lists procedures and fees for veterinary service on **Yeti at Greenville**.

By signing this document I certify that I have read this document, understand it, and have had all of my questions answered to my satisfaction and I agree to the conditions of treatment, including paying the full estimated amount. I understand that treatment will not begin until I pay a prepayment of 100% of the estimated fees.

I understand that this estimate of the fees for veterinary services is provided to me and that I am encouraged to discuss all fees related to such care before services are rendered and during my pet's ongoing medical treatment.

I, the below signed owner, authorized agent of the owner, or Good Samaritan responsible for seeking veterinary care for the pet identified, certify that I am eighteen years of age or older and that I have the authority to execute this consent.

This estimate is valid for 30 days from its creation.

I also understand that this facility may not have an enclosed, outdoor space for pets to exercise and relieve themselves. Accordingly, my pet may be taken off facility property during its admission. In the event that I choose to leave the pet's personal harness/leash to be used during its admission, I understand that Veterinary Emergency Group will not be liable for any injuries, harm, or other loss if this leash/harness fails.

By signing this document, I understand and agree that if I leave my pet at Veterinary Emergency Group (i) without prior notice or communication with the medical team for more than 24 hours from the scheduled pickup date and/or (ii) fail to provide any contractual agreement for my pet's care then my pet will be considered abandoned. I understand that Veterinary Emergency Group will make every reasonable effort to contact me, and if after three (3) days they are unable to reach me or I have not responded to their outreach, Veterinary Emergency Group may take appropriate actions to rehome or find suitable care for my pet in the best interest of the animal's welfare.

By providing us with your primary Veterinarian's contact information, you consent to VEG sharing your pet's medical records with your primary Vet.