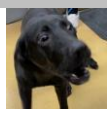
VCA Animal Specialty & Emergency Center
1535 South Sepulveda Blvd| Los Angeles, CA 90025| (310) 473 - 5906

Raviv Balfour, DVM, Diplomate ACVS | Prepared: **11/13/2026 at 10:52** | Treatment Plan: **625630226**

Client

A Dog Named Black Jack Animal Rescue Recovery Inc (#128705)
Andrea Straub
731 Brittany Park Blvd
Tarpon Springs, FL 34689

Patient



LT. Dan (#516361)
Species: Canine (Shepherd Mix)
Sex: Male Intact | Color: Black
Birth: 05/12/2026 | Age: 6m | Weight: 17.10 kg

Detailed Information

Date	Description	Qty	Price	Discount	Total Low Price
Day 1	Hospitalization Orthopedic	1	$314.10	-$94.23	$219.87
	Heska Pre-Surgical Panel	1	$245.25	-$73.58	$171.67
	Block Incision	1	$172.05	-$51.62	$120.43
	Femur Diaphyseal Fracture	1	$4,401.25	-$1,320.38	$3,080.87
	- Anesthesia 1-2.5hr Risk 1	1	$1,048.20	-$314.46	$733.74
	- Fluids Surgery	1	$335.55	-$100.67	$234.88
	Canine Neuter	1	$320.95	-$96.29	$224.66
	Anesthesia EP ADD	1	$181.45	-$54.44	$127.01
	Pre/Post Procedure X-Ray	1	$161.80	-$48.54	$113.26
	Maropitant(Cerenia)10mg/mL/mL	1.7	$97.37	-$29.21	$68.16
	Overnight Supplemental Care	1	$56.20	-$16.86	$39.34
	ESTIMATE Injections *DO NOT INVOICE	500	$500.00		$500.00
Day 2	Hospitalization Orthopedic	1	$198.80	-$59.64	$139.16
	ESTIMATE Injections *DO NOT INVOICE	250	$250.00		$250.00
	ESTIMATE Medications *DO NOT INVOICE	150	$150.00		$150.00
	Buster Clic Elizabethan Collar Size 25cm	1	$12.78		$14.09

Shelters/Rescue/PetStore	$2,259.92

Notes for LT. Dan

Personal belongings are unable to be left with your pet during their stay so we may uphold hospital sanitation standards and minimize the risk of misplaced items. We appreciate your understanding and cooperation in this matter. Thank you.

VCA Animal Hospitals and its affiliates (mars.com/our-brands/petcare), may use the data collected from you and your pet to perform services and research and for advertising and promoting our goods and services to you. For information on how we collect and use information about you and your pet, and how you may opt-out of some uses, please see our privacy policy (vcahospitals.com/privacy-policy).

Thank you for trusting us with your pet's care. Your friends at VCA Animal Specialty & Emergency Center.

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Client Initials:_____

THIS TREATMENT PLAN AND ESTIMATE MAY RANGE FROM: $6,187.14 to $7,424.57* **Client Initials:** _____

AUTHORIZATION FOR MEDICAL AND/OR SURGICAL TREATMENT

I, the undersigned, certify that I am the owner, or authorized agent for the owner, of the animal, "**LT. Dan** ". I authorize the doctor on duty and assistants to perform the procedures listed in the above treatment plan and estimate, including administration of pain relief medications, sedatives and/or anesthetics, as well as any necessary and appropriate medical, radiological, surgical, diagnostic and/or emergency care for **LT. Dan** .

I have been advised as to the nature of the procedures and the potential risks, and I understand the reason why such medical and/or surgical treatment is considered necessary, as well as its advantages, and possible complications, if any. I also understand that no guarantee of successful treatment can be made. In some cases, it is impossible to accurately estimate the total charges involved because the total extent of the injuries or illness may not be immediately apparent. The results of blood tests, urinalysis, radiographs, etc. may be needed before the doctor can approximate a total expense. Additionally, it is impossible to accurately estimate the time an individual animal needs to respond to a treatment plan and this factor will affect the total cost. It is understood that these are estimated fees.

If additional treatment is needed that exceeds the estimated range, the hospital will contact me with an updated treatment plan and estimate to obtain my permission to proceed, and I will increase my deposit accordingly. In the event that any urgent care requirements arise and the hospital makes a reasonable attempt but is not able to contact me, I grant permission to render to **LT. Dan** whatever emergency and life-stabilizing treatments are deemed necessary by hospital personnel and agree to pay for these emergency and life-stabilizing treatments even if they exceed this estimate. I understand that prices on this treatment plan and estimate are valid for **30** days from the document date.

If additional care is necessary, that exceeds the initial estimate, we will require payment of the current balance in full plus an additional **100.00**% of the new estimate.

Client Initials: _____

For hospitals not open 24 hours a day, please be advised that if your pet is hospitalized or otherwise stays overnight or after hours, there may be periods during which there are no personnel on the premises. I give permission for the hospital and its affiliates to use any remaining samples from my pet to check and improve lab testing quality.

A MINIMUM DEPOSIT OF 100.00% OF THE ESTIMATE IS REQUIRED: $6,187.14

I assume full financial responsibility for all charges and services incurred to LT. Dan while in the hospital and agree to pay all such charges at the time of release of such patient.

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I hereby certify that I have read and fully understand this authorization for medical and/or surgical treatment.

Important Patient/Client Information:
Phone numbers where you can be reached today:

Phone: _____ Call me ☐ Text me ☐ Notes: _____

Phone: _____ Call me ☐ Text me ☐ Notes: _____

What time did your pet last eat: _____

Employee notes/comments: _____

I hereby certify that I have read and fully understand this Treatment Plan Authorization. Signature of Owner or Responsible Agent Must be 18 years of age or older

Signature: _____ Print Name: _____ Date: _____

Employee Signature *(If applicable below):*

Signature: _____ Print Name: _____ Date: _____

Summary

Patient Name	Total Price	Discount	Total Tax	Low Total	High Total
LT. Dan	$8,445.75	-$2,259.92	$1.31	$6,187.14	$7,424.57*

Previous Balance:	$0.00
Estimate Low Total:	$6,187.14
Estimate High Total *:	$7,424.57*
Grand Total range:	**$6,187.14 - $7,424.57***

*APPLICABLE TAXES MAY BE ADDED TO HIGH TOTALS.

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