

Island Animal Hospital

www.islandanimal.com

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Staff@IslandAnimal.com
Merritt Island, FL 32953
(321) 453-2430

12/1/2021

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Daniel Kenney
4420 Coleridge Ave
Titusville, FL 32780

Client ID: 36296
Treatment Plan ID: 33328
Medical Retention Date: 3/1/2022

Patient ID:	70081	Species:	Canine	Weight:	61.60	pounds	Sex:	Spayed Female
Patient Name:	Emma	Breed:	Shepherd, German Mix	Birthday:	11/29/2011			

Item ID	Description	Staff Name	Low Qty	Low Amount	High Qty	High Amount
HS1200	Hospitalization-Day Care	Dr. Chelsea N. Brady, DVM	1.00	\$43.46	1.00	\$43.46
154	Radiograph Initial View With Setup		1.00	\$116.51	1.00	\$116.51
XR1025	Radiograph Additional View		1.00	\$78.84	1.00	\$78.84
XR1095	Ultrasound 1 Organ		1.00	\$81.26	0.00	\$0.00
XR1090	Ultrasound Abdominal Cavity		0.00	\$0.00	1.00	\$264.38
OC1700	Biomedical Waste Disposal		1.00	\$5.45	1.00	\$5.45
RX9999	Medications		1.00	\$50.00	1.00	\$100.00

Low Subtotal: \$375.52 High Subtotal: \$608.64

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This estimate is valid for 30 days from the date printed above. I understand the charges set forth above and agree to pay the bill in full before my pet is released from the hospital. I understand the charges reflect an ESTIMATE ONLY, and that the actual charges may differ depending on my pet's medical needs and response to treatment. Island Animal Hospital agrees to make every reasonable effort to stay within the fees set forth in this estimate and to contact me should additional charges be deemed necessary.

The pricing of recommended services is valid for 30 days from the date above and includes only those items listed. Prices may vary upon performed services and treatments. I assume financial responsibility for the recommended services and will provide payment in full via cash, credit card, or check at the time my pet is discharged from the hospital.

Authorization _____

Authorizing Signature _____

This estimate is good for 30 days and includes only those items listed. Payment will be required when your pet is discharged from the hospital.