

Veterinary Surgical Group L.L.P.

12855 Gulf Freeway
Houston, TX 77034
281-464-3554 www.bavstx.com

ESTIMATE OF CHARGES

Client Information

Penny Rider, # 26815
904 White Pine Drive
Friendswood, TX 77546

Patient Information

"Harley", Rider
Mixed Breed, large/giant, male neutered
Weight: 94.20 lbs, 42.818 kgs

Doctor	Description	Quantity	Low	High
15	Surgery Fee	1.00	3,500.00	3,700.00
			3,500.00	3,700.00

The range of this estimate is from **3,500.00** to **3,700.00**, not including discounts nor sales tax. This is only an estimate of charges. Depending on further evaluation and diagnostics, these fees may vary. We will make every effort to keep you informed of the current charges and will attempt to contact you if it appears the high range of this estimate will be exceeded.

**I am the owner or agent for the above described animal and have the authority to execute this consent.
I hereby consent and authorize the performance of the following procedure(s) or operation(s):**

I understand that during the performance of the foregoing procedure(s) or operation(s), unforeseen conditions may be revealed that necessitate the extension of the foregoing procedure(s) or operation(s) or different procedure(s) or operation(s) than those set forth above. Therefore, I hereby consent to and authorize the performance of such procedure(s) or operation(s) as are necessary and desirable in the exercise of the veterinarian's professional judgement.

I also authorize the use of appropriate anesthetics and other medications and I understand that hospital support personnel will be employed as deemed necessary by the veterinarian.

I have been advised as to the nature of the procedure(s) or operation(s) and the risks involved. I realize that results cannot be guaranteed.

At the time of discharge I will read the provided release instructions and/or discuss the care with the veterinarian or their representative. I understand the importance of closely following those instructions will directly effect the success of the surgical procedure or treatments performed. Failure to follow the instructions could lead to surgical failure and/or complications. Correction of surgical failures and complications due to failure to comply with instructions are not included within this estimate and will result in additional charges for care.

I understand that a deposit is required and that final payment of the remainder of the bill is due in full upon release of my pet.

I have read and fully understand the above authorization and consent.

DATE Tuesday, September 02, 2014

SIGNATURE OF OWNER OR AGENT: _____

WITNESS TO ABOVE SIGNATURE: _____