



# Animal Specialty Hospital

Exceptional care, pure and simple, 24/7/365

**BILL TO**

DRSF  
P.O. Box 267386  
Weston, Fl, 33326

**Next Appointment Details:****LeadER Animal Specialty Hospital  
Animal Medical Center at Cooper City**

9410 Stirling Road  
Cooper City, Florida, 33024  
**Ph:** 954-437-9630  
**Fax:** 954-437-7207

**Email:** medicalrecords@leadERvet.com  
**Website:** www.leadERvet.com

**INVOICE**

DATE: 876093  
PATIENT: 07-21-2021  
CLINICAL #: Avatar  
758711

DESCRIPTION	QTY	DISC.	DISC. (\$)	TOTAL
EMERGENCY VISIT	1	20.00%	\$27.00	\$108.00
PROFILE-GEN. DIAG, CBC, LYLES (Heska)	1	20.00%	\$35.73	\$142.93
INTESTINAL PARASITE CHECK-IN HOUSE	1	20.00%	\$6.00	\$24.00
GLUCOMETER GLUCOSE-IN HOUSE	2	20.00%	\$4.94	\$19.78
MAROPITANT (CERENIA) 10MG/ML INJ (Per ml)	0.21	20.00%	\$0.89	\$26.78
HOSPITALIZATION PER 24 HOURS	0.5	20.00%	\$24.30	\$97.20
HOSPITALIZATION PER 24 HOURS	0.5	20.00%	\$24.30	\$97.20
NURSING CARE	1	20.00%	\$25.60	\$102.40
HOSPITALIZATION-ICU ADD/ON CLASS 1	1	20.00%	\$11.60	\$46.40
HOSPITALIZATION/ADD- ISOLATION	1	20.00%	\$25.80	\$103.20
IV CATHETER,INFUSION SETS,T-PORT,& EXTENTION SETS	1	20.00%	\$13.16	\$52.63
PLASMA-LYTE A BAG 1L	1	20.00%	\$3.13	\$12.50
INFUSION SAIV KIT	1	20.00%	\$11.86	\$47.42
BURETROL ADMINISTRATION SET	1	20.00%	\$6.67	\$26.67
DEXTROSE 50% INJ (Per ml)	5	19.78%	\$0.02	\$23.27
METRONIDAZOLE 5MG/ML INJ.(Per ml)	4.09	20.01%	\$0.13	\$23.70
AMPICILLIN & SULBACTAM 30MG/ML INJ (Per ml)	1.5	20.00%	\$0.06	\$23.44
GLUCOMETER GLUCOSE-IN HOUSE	1	20.00%	\$2.47	\$9.89
IV CATHETER	1	20.00%	\$7.21	\$28.86
GLUCOMETER GLUCOSE-IN HOUSE	2	20.00%	\$4.94	\$19.78
AMPICILLIN & SULBACTAM 30MG/ML INJ (Per ml)	4.5	20.00%	\$0.18	\$23.93
GLUCOMETER GLUCOSE-IN HOUSE	2	20.00%	\$4.94	\$19.78
HOSPITALIZATION PER 24 HOURS	0.5	20.00%	\$24.30	\$97.20
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HOSPITALIZATION-ICU ADD/ON CLASS 1	1	20.00%	\$11.60	\$46.40
HOSPITALIZATION/ADD- ISOLATION	1	20.00%	\$25.80	\$103.20

## PAYMENT TERMS:

Payment in full is expected upon completion of treatment.  
Administration fees and collection fees will be applied to  
overdue accounts.

**\*\*Note\*\*** Your ER visit within 24 hours of discharge is at no  
cost. If you have any concerns about your pet once  
discharged from the hospital please be aware you should  
bring them back in. \_\_\_\_\_

Subtotal	\$5,848.76
Inc. TAX	\$0.00
<b>Total</b>	<b>\$5,848.76</b>
Paid	\$0.00
<b>Due</b>	<b>\$5,848.76</b>



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METRONIDAZOLE 5MG/ML INJ.(Per ml)	4.09	20.01%	\$0.13	\$23.70
MAROPITANT (CERENIA) 10MG/ML INJ (Per ml)	0.21	20.00%	\$0.89	\$26.78
CAPROMORELIN ORAL 30MG/ML(ENTYCE) (Per bottle)	1	20.00%	\$14.72	\$70.08
METRONIDAZOLE 5MG/ML INJ.(Per ml)	8.18	20.01%	\$0.25	\$24.20
IV CATHETER	1	20.00%	\$7.21	\$28.86
GLUCOMETER GLUCOSE-IN HOUSE	2	20.00%	\$4.94	\$19.78
AMPICILLIN & SULBACTAM 30MG/ML INJ (Per ml)	4.5	20.00%	\$0.18	\$23.93
CBC (Heska)	1	20.00%	\$8.46	\$33.84
ALBUMIN (Heska)	1	20.00%	\$3.18	\$12.70
GLUCOMETER GLUCOSE-IN HOUSE	2	20.00%	\$4.94	\$19.78
HOSPITALIZATION PER 24 HOURS	0.5	20.00%	\$24.30	\$97.20
HOSPITALIZATION PER 24 HOURS	0.5	20.00%	\$24.30	\$97.20
NURSING CARE	1	20.00%	\$25.60	\$102.40
HOSPITALIZATION-ICU ADD/ON CLASS 1	1	20.00%	\$11.60	\$46.40
HOSPITALIZATION/ADD- ISOLATION	1	20.00%	\$25.80	\$103.20
MAROPITANT (CERENIA) 10MG/ML INJ (Per ml)	0.21	20.00%	\$0.89	\$26.78
IV CATHETER,INFUSION SETS,T-PORT,& EXTENTION SETS	1	20.00%	\$13.16	\$52.63
INFUSION SAIV KIT	1	20.00%	\$11.86	\$47.42
GLUCOMETER GLUCOSE-IN HOUSE	2	20.00%	\$4.94	\$19.78
METRONIDAZOLE 5MG/ML INJ.(Per ml)	8.18	20.01%	\$0.25	\$24.20
AMPICILLIN & SULBACTAM 30MG/ML INJ (Per ml)	4.5	20.00%	\$0.18	\$23.93
ALBUMIN (Heska)	1	20.00%	\$3.18	\$12.70
CBC (Heska)	1	20.00%	\$8.46	\$33.84
GLUCOMETER GLUCOSE-IN HOUSE	2	20.00%	\$4.94	\$19.78
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**PAYMENT TERMS:**

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**\*\*Note\*\*** Your ER visit within 24 hours of discharge is at no cost. If you have any concerns about your pet once discharged from the hospital please be aware you should bring them back in. \_\_\_\_\_

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HOSPITALIZATION-ICU ADD/ON CLASS 1	1	20.00%	\$11.60	\$46.40
HOSPITALIZATION/ADD- ISOLATION	1	20.00%	\$25.80	\$103.20
MAROPITANT (CERENIA) 10MG/ML INJ (Per ml)	0.21	20.00%	\$0.89	\$26.78
FENBENDAZOLE SUSP. (PANACUR) 100MG/ML (Per ml)	3	19.99%	\$0.21	\$10.43
AMPICILLIN & SULBACTAM 30MG/ML INJ (Per ml)	4.5	20.00%	\$0.18	\$23.93
METRONIDAZOLE 5MG/ML INJ.(Per ml)	8.18	20.01%	\$0.25	\$24.20
GLUCOMETER GLUCOSE-IN HOUSE	2	20.00%	\$4.94	\$19.78
ALBUMIN (Heska)	1	20.00%	\$3.18	\$12.70
CBC (Heska)	1	20.00%	\$8.46	\$33.84
PARVO FECAL TEST (IVLS)	1	20.00%	\$11.19	\$44.76
GLUCOMETER GLUCOSE-IN HOUSE	4	20.00%	\$9.89	\$39.55
METRONIDAZOLE 5MG/ML INJ.(Per ml)	8.18	20.01%	\$0.25	\$24.20
HOSPITALIZATION PER 24 HOURS	0.5	20.00%	\$24.30	\$97.20
HOSPITALIZATION PER 24 HOURS	0.5	20.00%	\$24.30	\$97.20
NURSING CARE	1	20.00%	\$25.60	\$102.40
HOSPITALIZATION/ADD- ISOLATION	1	20.00%	\$25.80	\$103.20
HOSPITALIZATION-ICU ADD/ON CLASS 1	1	20.00%	\$11.60	\$46.40
MAROPITANT (CERENIA) 10MG/ML INJ (Per ml)	0.21	20.00%	\$0.89	\$26.78
GLUCOMETER GLUCOSE-IN HOUSE	2	20.00%	\$4.94	\$19.78
AMPICILLIN & SULBACTAM 30MG/ML INJ (Per ml)	4.5	20.00%	\$0.18	\$23.93
ALBUMIN (Heska)	1	20.00%	\$3.18	\$12.70
CBC (Heska)	1	20.00%	\$8.46	\$33.84
GLUCOMETER GLUCOSE-IN HOUSE	4	20.00%	\$9.89	\$39.55
METRONIDAZOLE 5MG/ML INJ.(Per ml)	8.18	20.01%	\$0.25	\$24.20
HOSPITALIZATION PER 24 HOURS	0.5	20.00%	\$24.30	\$97.20
HOSPITALIZATION PER 24 HOURS	0.5	20.00%	\$24.30	\$97.20
NURSING CARE	1	20.00%	\$25.60	\$102.40

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**Payment in full is expected upon completion of treatment.**  
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**overdue accounts.**

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HOSPITALIZATION-ICU ADD/ON CLASS 1	1	20.00%	\$11.60	\$46.40
HOSPITALIZATION/ADD- ISOLATION	1	20.00%	\$25.80	\$103.20
ENROFLOXACIN 22.7MG/ML INJ (Per ml)	0.45	20.00%	\$0.47	\$25.07
MAROPITANT (CERENIA) 10MG/ML INJ (Per ml)	0.21	20.00%	\$0.89	\$26.78
GLUCOMETER GLUCOSE-IN HOUSE	3	20.00%	\$7.42	\$29.66
METRONIDAZOLE 5MG/ML INJ.(Per ml)	8.18	20.01%	\$0.25	\$24.20
AMPICILLIN & SULBACTAM 30MG/ML INJ (Per ml)	4.5	20.00%	\$0.18	\$23.93
ALBUMIN (Heska)	1	20.00%	\$3.18	\$12.70
CBC (Heska)	1	20.00%	\$8.46	\$33.84
GLUCOMETER GLUCOSE-IN HOUSE	2	20.00%	\$4.94	\$19.78
ENROFLOXACIN 22.7MG/ML INJ (Per ml)	0.45	20.00%	\$0.47	\$25.07
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HOSPITALIZATION/ADD- ISOLATION	1	20.00%	\$25.80	\$103.20
MAROPITANT (CERENIA) 10MG/ML INJ (Per ml)	0.21	20.00%	\$0.89	\$26.78
PARVO FECAL TEST (IVLS)	2	20.00%	\$22.38	\$89.52
GLUCOMETER GLUCOSE-IN HOUSE	1	20.00%	\$2.47	\$9.89
GLUCOMETER GLUCOSE-IN HOUSE	1	20.00%	\$2.47	\$9.89
METRONIDAZOLE 5MG/ML INJ.(Per ml)	8.18	20.01%	\$0.25	\$24.20
AMPICILLIN & SULBACTAM 30MG/ML INJ (Per ml)	4.5	20.00%	\$0.18	\$23.93
ALBUMIN (Heska)	1	20.00%	\$3.18	\$12.70
CBC (Heska)	1	20.00%	\$8.46	\$33.84
METRONIDAZOLE ORAL SUSP. 50MG/ML (Per ml)	7	20.01%	\$0.86	\$14.66
GLUCOMETER GLUCOSE-IN HOUSE	1	20.00%	\$2.47	\$9.89
PARVO FECAL TEST (IVLS)	1	20.00%	\$11.19	\$44.76

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HOSPITALIZATION/ADD- ISOLATION	1	20.00%	\$25.80	\$103.20
GLUCOMETER GLUCOSE-IN HOUSE	1	20.00%	\$2.47	\$9.89
CAPSTAR 2-25 lbs (Per tab)	1	20.00%	\$2.01	\$19.25
ALBUMIN (Heska)	1	20.00%	\$3.18	\$12.70
PARVO FECAL TEST (IVLS)	1	20.00%	\$11.19	\$44.76
CBC W/ RETIC COUNT	1	20.00%	\$10.24	\$40.96
GLUCOMETER GLUCOSE-IN HOUSE	1	20.00%	\$2.47	\$9.89

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