



# 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: 876723  
07-22-2021  
PATIENT: lzzie  
CLINICAL #: 759332

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
PARVO FECAL TEST (IVLS)	1	20.00%	\$11.19	\$44.76
INTESTINAL PARASITE CHECK-IN HOUSE	1	20.00%	\$6.00	\$24.00
PARVO FECAL TEST (IVLS)	1	20.00%	\$11.19	\$44.76
HEMATOCRIT-IN HOUSE	1	20.00%	\$3.30	\$13.18
GLUCOMETER GLUCOSE-IN HOUSE	1	20.00%	\$2.47	\$9.89
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
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
HETASTARCH 6% (Per bag)	1	20.00%	\$16.94	\$67.75
MAROPITANT (CERENIA) 10MG/ML INJ (Per ml)	0.14	20.00%	\$0.60	\$25.58
PANTOPRAZOLE (PROTONIX) 4MG/ML INJ (Per ml)	0.68	20.00%	\$0.12	\$23.68
METRONIDAZOLE 5MG/ML INJ.(Per ml)	5.46	20.01%	\$0.17	\$23.87
IVERMECTIN 10MG/ML (Per ml)	0.06	20.00%	\$0.02	\$11.26
DEXTROSE 50% INJ (Per ml)	50	19.78%	\$0.18	\$23.93
POTASSIUM CHLORIDE 2MEQ/ML INJ (Per ml)	10	20.00%	\$1.65	\$29.80
HETASTARCH 6% (Per bag)	1	20.00%	\$16.94	\$67.75
GLUCOMETER GLUCOSE-IN HOUSE	1	20.00%	\$2.47	\$9.89
HEMATOCRIT-IN HOUSE	1	20.00%	\$3.30	\$13.18
ALBUMIN (Heska)	1	20.00%	\$3.18	\$12.70
GLUCOMETER GLUCOSE-IN HOUSE	1	20.00%	\$2.47	\$9.89
PANTOPRAZOLE (PROTONIX) 4MG/ML INJ (Per ml)	0.34	20.00%	\$0.06	\$23.44
PLASMA-LYTE A BAG 1L	1	20.00%	\$3.13	\$12.50

### 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	\$6,114.83
Inc. TAX	\$0.00
<b>Total</b>	<b>\$6,114.83</b>
Paid	\$0.00
<b>Due</b>	<b>\$6,114.83</b>



# Animal Specialty Hospital

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

**BILL TO**  
Pam Weiner 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** 876723  
**DATE:** 07-22-2021  
**PATIENT:** lizzie  
**CLINICAL #:** 759332

DESCRIPTION	QTY	DISC.	DISC. (\$)	TOTAL
FECAL DX ANTIGEN + GIARDIA (IDX)	1	20.00%	\$14.80	\$59.19
GLUCOMETER GLUCOSE-IN HOUSE	1	20.00%	\$2.47	\$9.89
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
GLUCOMETER GLUCOSE-IN HOUSE	2	20.00%	\$4.94	\$19.78
MAROPITANT (CERENIA) 10MG/ML INJ (Per ml)	0.14	20.00%	\$0.60	\$25.58
PANTOPRAZOLE (PROTONIX) 4MG/ML INJ (Per ml)	0.68	20.00%	\$0.12	\$23.68
METRONIDAZOLE 5MG/ML INJ.(Per ml)	5.46	20.01%	\$0.17	\$23.87
ALBUMIN (Heska)	1	20.00%	\$3.18	\$12.70
PARVO FECAL TEST (IVLS)	1	20.00%	\$11.19	\$44.76
HEMATOCRIT-IN HOUSE	1	20.00%	\$3.30	\$13.18
CBC (Heska)	1	20.00%	\$8.46	\$33.84
ELECTROLYTES (Heska)	1	20.00%	\$4.41	\$17.64
FENBENDAZOLE SUSP. (PANACUR) 100MG/ML (Per ml)	2.4	19.99%	\$0.17	\$10.27
GLUCOMETER GLUCOSE-IN HOUSE	1	20.00%	\$2.47	\$9.89
BLOOD CROSSMATCH MAJ-IN HOUSE	1	20.00%	\$28.74	\$114.95
BLOOD TYPING CANINE-IN HOUSE	1	20.00%	\$17.00	\$67.98
BURETROL ADMINISTRATION SET	1	20.00%	\$6.67	\$26.67
POTASSIUM CHLORIDE 2MEQ/ML INJ (Per ml)	2	20.00%	\$0.33	\$24.52
PLASMA-LYTE A BAG 1L	1	20.00%	\$3.13	\$12.50
BLOOD HEMONATE FILTER	1	20.00%	\$6.17	\$24.69
DIPHENHYDRAMINE 50MG/ML INJ (Per ml)	0.05	20.00%	\$0.04	\$23.37
AMPICILLIN & SULBACTAM 30MG/ML INJ (Per ml)	1	20.00%	\$0.04	\$23.36
ONDANSETRON 2MG/ML INJ (Per ml)	0.34	20.00%	\$0.04	\$23.38
PAIN MNGMT BUPRENORPHINE 0.3MG/ML INJ (Per ml)	0.47	20.00%	\$3.65	\$37.78

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	\$6,114.83
Inc. TAX	\$0.00
<b>Total</b>	<b>\$6,114.83</b>
Paid	\$0.00
<b>Due</b>	<b>\$6,114.83</b>



# Animal Specialty Hospital

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

**BILL TO**  
Pam Weiner 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** 876723  
**DATE:** 07-22-2021  
**PATIENT:** lizzie  
**CLINICAL #:** 759332

DESCRIPTION	QTY	DISC.	DISC. (\$)	TOTAL
GLUCOMETER GLUCOSE-IN HOUSE	1	20.00%	\$2.47	\$9.89
HEMATOCRIT-IN HOUSE	1	20.00%	\$3.30	\$13.18
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
MAROPITANT (CERENIA) 10MG/ML INJ (Per ml)	0.14	20.00%	\$0.60	\$25.58
PANTOPRAZOLE (PROTONIX) 4MG/ML INJ (Per ml)	0.34	20.00%	\$0.06	\$23.44
METRONIDAZOLE 5MG/ML INJ.(Per ml)	5.46	20.01%	\$0.17	\$23.87
AMPICILLIN & SULBACTAM 30MG/ML INJ (Per ml)	3	20.00%	\$0.12	\$23.68
PAIN MNGMT BUPRENORPHINE 0.3MG/ML INJ (Per ml)	0.15	20.00%	\$1.16	\$27.85
HEMATOCRIT-IN HOUSE	1	20.00%	\$3.30	\$13.18
ALBUMIN (Heska)	1	20.00%	\$3.18	\$12.70
CBC (Heska)	1	20.00%	\$8.46	\$33.84
ELECTROLYTES (Heska)	1	20.00%	\$4.41	\$17.64
GLUCOMETER GLUCOSE-IN HOUSE	1	20.00%	\$2.47	\$9.89
PANTOPRAZOLE (PROTONIX) 4MG/ML INJ (Per ml)	0.34	20.00%	\$0.06	\$23.44
HEMATOCRIT-IN HOUSE	1	20.00%	\$3.30	\$13.18
GLUCOMETER GLUCOSE-IN HOUSE	1	20.00%	\$2.47	\$9.89
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
HEMATOCRIT-IN HOUSE	1	20.00%	\$3.30	\$13.18
MAROPITANT (CERENIA) 10MG/ML INJ (Per ml)	0.14	20.00%	\$0.60	\$25.58
PANTOPRAZOLE (PROTONIX) 4MG/ML INJ (Per ml)	0.34	20.00%	\$0.06	\$23.44
HEMATOCRIT-IN HOUSE	1	20.00%	\$3.30	\$13.18

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	\$6,114.83
Inc. TAX	\$0.00
<b>Total</b>	<b>\$6,114.83</b>
Paid	\$0.00
<b>Due</b>	<b>\$6,114.83</b>



# Animal Specialty Hospital

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

**BILL TO**  
Pam Weiner 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** 876723  
**DATE:** 07-22-2021  
**PATIENT:** Izzie  
**CLINICAL #:** 759332

DESCRIPTION	QTY	DISC.	DISC. (\$)	TOTAL
METRONIDAZOLE 5MG/ML INJ.(Per ml)	5.46	20.01%	\$0.17	\$23.87
AMPICILLIN & SULBACTAM 30MG/ML INJ (Per ml)	3	20.00%	\$0.12	\$23.68
ALBUMIN (Heska)	1	20.00%	\$3.18	\$12.70
CBC (Heska)	1	20.00%	\$8.46	\$33.84
ELECTROLYTES (Heska)	1	20.00%	\$4.41	\$17.64
HEMATOCRIT-IN HOUSE	1	20.00%	\$3.30	\$13.18
GLUCOMETER GLUCOSE-IN HOUSE	1	20.00%	\$2.47	\$9.89
PANTOPRAZOLE (PROTONIX) 4MG/ML INJ (Per ml)	0.34	20.00%	\$0.06	\$23.44
VITAMIN B12 1000MCG/ML INJ (Per ml)	0.25	20.00%	\$0.01	\$23.22
PRAZIQUANTAL PLUS 22.7MG (DRONTAL) (Per tab)	1	20.00%	\$1.74	\$18.14
HEMATOCRIT-IN HOUSE	1	20.00%	\$3.30	\$13.18
PONAZURIL 90MG/ML (Per ml)	1	20.00%	\$0.71	\$14.02
INTESTINAL PARASITE CHECK-IN HOUSE	1	20.00%	\$6.00	\$24.00
ONDANSETRON 2MG/ML INJ (Per ml)	0.68	20.00%	\$0.09	\$23.55
GLUCOMETER GLUCOSE-IN HOUSE	1	20.00%	\$2.47	\$9.89
HEMATOCRIT-IN HOUSE	1	20.00%	\$3.30	\$13.18
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
MAROPITANT (CERENIA) 10MG/ML INJ (Per ml)	0.14	20.00%	\$0.60	\$25.58
PANTOPRAZOLE (PROTONIX) 4MG/ML INJ (Per ml)	0.34	20.00%	\$0.06	\$23.44
METRONIDAZOLE 5MG/ML INJ.(Per ml)	2.73	20.01%	\$0.08	\$23.53
PONAZURIL 90MG/ML (Per ml)	0.76	20.00%	\$0.54	\$13.34
AMPICILLIN & SULBACTAM 30MG/ML INJ (Per ml)	3	20.00%	\$0.12	\$23.68
ALBUMIN (Heska)	1	20.00%	\$3.18	\$12.70
CBC (Heska)	1	20.00%	\$8.46	\$33.84

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	\$6,114.83
Inc. TAX	\$0.00
<b>Total</b>	<b>\$6,114.83</b>
Paid	\$0.00
<b>Due</b>	<b>\$6,114.83</b>



# Animal Specialty Hospital

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

**BILL TO**  
Pam Weiner 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** 876723  
**DATE:** 07-22-2021  
**PATIENT:** Izzie  
**CLINICAL #:** 759332

DESCRIPTION	QTY	DISC.	DISC. (\$)	TOTAL
ELECTROLYTES (Heska)	1	20.00%	\$4.41	\$17.64
SLIDE AGGLUTINATION-IN HOUSE	1	20.00%	\$5.97	\$23.90
GLUCOMETER GLUCOSE-IN HOUSE	1	20.00%	\$2.47	\$9.89
METRONIDAZOLE ORAL SUSP. 50MG/ML (Per ml)	5	20.01%	\$0.62	\$13.67
AMOXICILLIN/CLAVULANIC 62.5MG/ML ORAL (Per bottle)	1	20.00%	\$0.78	\$14.34
ONDANSETRON 2MG/ML INJ (Per ml)	1.02	20.00%	\$0.13	\$23.73
GLUCOMETER GLUCOSE-IN HOUSE	1	20.00%	\$2.47	\$9.89
HEMATOCRIT-IN HOUSE	1	20.00%	\$3.30	\$13.18
MAROPITANT (CERENIA) 10MG/ML INJ (Per ml)	0.14	20.00%	\$0.60	\$25.58
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
GLUCOMETER GLUCOSE-IN HOUSE	1	20.00%	\$2.47	\$9.89
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
ONDANSETRON 2MG/ML INJ (Per ml)	0.68	20.00%	\$0.09	\$23.55
GLUCOMETER GLUCOSE-IN HOUSE	1	20.00%	\$2.47	\$9.89
HEMATOCRIT-IN HOUSE	1	20.00%	\$3.30	\$13.18
MAROPITANT (CERENIA) 10MG/ML INJ (Per ml)	0.14	20.00%	\$0.60	\$25.58
GLUCOMETER GLUCOSE-IN HOUSE	1	20.00%	\$2.47	\$9.89
HEMATOCRIT-IN HOUSE	1	20.00%	\$3.30	\$13.18
GLUCOMETER GLUCOSE-IN HOUSE	1	20.00%	\$2.47	\$9.89
HEMATOCRIT-IN HOUSE	1	20.00%	\$3.30	\$13.18
HOSPITALIZATION PER 24 HOURS	0.5	20.00%	\$24.30	\$97.20

**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	\$6,114.83
Inc. TAX	\$0.00
<b>Total</b>	<b>\$6,114.83</b>
Paid	\$0.00
<b>Due</b>	<b>\$6,114.83</b>



# Animal Specialty Hospital

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

**BILL TO**  
 Pam Weiner 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** 876723  
 DATE: 07-22-2021  
 PATIENT: Izzie  
 CLINICAL #: 759332

DESCRIPTION	QTY	DISC.	DISC. (\$)	TOTAL
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
MAROPITANT (CERENIA) 10MG/ML INJ (Per ml)	0.14	20.00%	\$0.60	\$25.58
GLUCOMETER GLUCOSE-IN HOUSE	1	20.00%	\$2.47	\$9.89
HEMATOCRIT-IN HOUSE	1	20.00%	\$3.30	\$13.18
ALBUMIN (Heska)	1	20.00%	\$3.18	\$12.70
ONDANSETRON 2MG/ML INJ (Per ml)	0.34	20.00%	\$0.04	\$23.38
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
MAROPITANT (CERENIA) 10MG/ML INJ (Per ml)	0.14	20.00%	\$0.60	\$25.58
HEMATOCRIT-IN HOUSE	1	20.00%	\$3.30	\$13.18
CBC (Heska)	1	20.00%	\$8.46	\$33.84
ELECTROLYTES (Heska)	1	20.00%	\$4.41	\$17.64
ALBUMIN (Heska)	1	20.00%	\$3.18	\$12.70
GLUCOMETER GLUCOSE-IN HOUSE	1	20.00%	\$2.47	\$9.89
MAROPITANT (CERENIA) 10MG/ML INJ (Per ml)	0.14	20.00%	\$0.60	\$25.58
ONDANSETRON 2MG/ML INJ (Per ml)	0.34	20.00%	\$0.04	\$23.38
HEMATOCRIT-IN HOUSE	1	20.00%	\$3.30	\$13.18
HOSPITALIZATION PER 24 HOURS	0.5	20.00%	\$24.30	\$97.20
NURSING CARE	0.5	20.00%	\$12.80	\$51.20
HOSPITALIZATION-ICU ADD/ON CLASS 1	0.5	20.00%	\$5.80	\$23.20
HEMATOCRIT-IN HOUSE	1	20.00%	\$3.30	\$13.18

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	\$6,114.83
Inc. TAX	\$0.00
<b>Total</b>	<b>\$6,114.83</b>
Paid	\$0.00
<b>Due</b>	<b>\$6,114.83</b>



# Animal Specialty Hospital

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

**BILL TO**

Pam Weiner 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**

876723  
DATE: 07-22-2021  
PATIENT: Izzie  
CLINICAL #: 759332

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	\$6,114.83
Inc. TAX	\$0.00
<b>Total</b>	<b>\$6,114.83</b>
Paid	\$0.00
<b>Due</b>	<b>\$6,114.83</b>