



# 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: 876086  
07-13-2021  
PATIENT: Milton  
CLINICAL #: 758710

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	3	20.00%	\$7.42	\$29.66
MAROPITANT (CERENIA) 10MG/ML INJ (Per ml)	0.16	20.00%	\$0.68	\$25.92
BLOOD TYPING CANINE-IN HOUSE	1	20.00%	\$17.00	\$67.98
WHOLE BLOOD-250 ML UNIT (Canine)	0.25			\$146.88
BLOOD ADMIN SET W/FILTER	1	20.00%	\$11.33	\$45.32
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)	11.5	19.78%	\$0.04	\$23.37
METOCLOPRAMIDE 5MG/ML INJ.(Per ml)	0.4	20.00%	\$0.17	\$23.88
GLUCOMETER GLUCOSE-IN HOUSE	1	20.00%	\$2.47	\$9.89
HEMATOCRIT-IN HOUSE	1	20.00%	\$3.30	\$13.18
METRONIDAZOLE 5MG/ML INJ.(Per ml)	3.09	20.01%	\$0.09	\$23.58
AMPICILLIN & SULBACTAM 30MG/ML INJ (Per ml)	1.13	20.00%	\$0.05	\$23.38
GLUCOMETER GLUCOSE-IN HOUSE	3	20.00%	\$7.42	\$29.66
ONDANSETRON 2MG/ML INJ (Per ml)	0.78	20.00%	\$0.10	\$23.60
METOCLOPRAMIDE 5MG/ML INJ.(Per ml)	0.1	20.00%	\$0.04	\$23.37
DEXTROSE 50% INJ (Per ml)	9.5	19.78%	\$0.03	\$23.34

### 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	\$1,758.78
Inc. TAX	\$0.00
<b>Total</b>	<b>\$1,758.78</b>
Paid	\$0.00
<b>Due</b>	<b>\$1,758.78</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** 876086  
**DATE:** 07-13-2021  
**PATIENT:** Milton  
**CLINICAL #:** 758710

DESCRIPTION	QTY	DISC.	DISC. (\$)	TOTAL
IV CATHETER	1	20.00%	\$7.21	\$28.86
AMPICILLIN & SULBACTAM 30MG/ML INJ (Per ml)	2.26	20.00%	\$0.09	\$23.56
INTESTINAL PARASITE CHECK-IN HOUSE	1	20.00%	\$6.00	\$24.00
GLUCOMETER GLUCOSE-IN HOUSE	3	20.00%	\$7.42	\$29.66
METRONIDAZOLE 5MG/ML INJ.(Per ml)	3.09	20.01%	\$0.09	\$23.58
MAROPITANT (CERENIA) 10MG/ML INJ (Per ml)	0.16	20.00%	\$0.68	\$25.92
CREMATION INDIVIDUAL LESS THAN 40LBS	1	20.00%	\$46.68	\$186.72
PAW CLAY PRINT 40 lbs OR LESS	1	20.00%	\$5.73	\$22.92

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	\$1,758.78
Inc. TAX	\$0.00
<b>Total</b>	<b>\$1,758.78</b>
Paid	\$0.00
<b>Due</b>	<b>\$1,758.78</b>