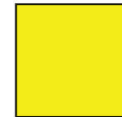


Name: _____

**OUR ESTIMATE FOR SERVICES IS
BETWEEN _____ AND _____.**

Payment terms: Payment is required when services are rendered. We accept all major credit cards.
A deposit of 75% of the estimated charges is required on patient admissions, and the balance is due when the patient is released.
(There is a \$30 return check fee payable to NORTHSTAR VETS on return)

PLEASE BE ADVISED THAT THIS FORM REPRESENTS AN ESTIMATE OF COSTS. THE ACTUAL AND FINAL BILL MAY BE LOWER OR HIGHER THAN THIS ESTIMATE. WE WILL MAKE EVERY ATTEMPT TO INFORM YOU AS WE APPROACH THE UPPER LIMIT OF THE ESTIMATE OR EXCEED IT. AT THAT POINT WE WILL REQUEST AN ADDITIONAL DEPOSIT. PLEASE DO NOT HESITATE TO ASK FOR AN ESTIMATE UPDATE AT ANYTIME DURING YOUR PET'S HOSPITALIZATION. BY PLACING MY INITIALS IN THIS BOX I HEREBY ACKNOWLEDGE MY UNDERSTANDING OF THIS STATEMENT.



AGREEMENT: I give permission to NORTHSTAR VETS to perform diagnostic, surgical and medical treatment as deemed advisable. It is understood that procedures of diagnosis, surgery and medical treatment will be discussed with me before proceeding, except in emergency circumstances. In many cases it is impossible to determine in advance the extent of surgical and/or medical treatment required, and I understand that the actual cost may exceed or be lower than the estimate given. I agree to make prompt and complete payment upon discharge of the above animal. I also understand that if I neglect to pick up the above animal within six (6) days of notification to the address I have given above, that said animal will be considered abandoned, as per the "New Jersey Unretrieved Animal Act" (copy available upon request), and that in doing so does not relieve me from my financial obligation. I further understand that in case of non-payment I will be subject to billing and finance charges of 1.5% per month on the outstanding balance on the account, plus 25% attorney fees.

Please note that this estimate is for today's procedure only and DOES NOT include any follow-up care (rechecks, x-rays, blood work, bandage changes, or procedures such as pin or implant removals or wound care).

Only the suture and/or drain removal is included in the estimate you are receiving today.

Signed: _____ Date: _____

Deposit: \$ _____

In the case that your pet were to suffer cardiac and/or pulmonary arrest (heart or breathing stops), do you authorize us to provide life-saving measures (i.e. cardiopulmonary resuscitation or "CPR")? CPR can include endotracheal intubation (placement of a breathing tube), administration of drugs, cardiac compressions (pushing on the chest), assisted breathing with oxygen supplementation, and/or defibrillation (electrical shocking of the heart). Cost of these services can be between \$400 to \$750 which is generally NOT reflected in your estimate. If you choose to allow these procedures for your pet, you will be contacted as soon as possible to be informed of the situation and given the options about how to proceed. In a critically ill patient, you may want to elect a do not resuscitate status or a "DNR". In a healthy pet undergoing an elective procedure, we would strongly recommend you allow full resuscitation. **Please initial your choice below.**

_____ **YES**, I authorize appropriate life saving measures. I understand that if such measures are necessary that the cost of services may exceed my estimate

_____ **NO**, I do not wish these life saving measures to be employed. At this time, I am electing for a "Do Not Resuscitate" status for my pet