

# Dutchess County Animal Hospital

12/21/2018

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406 Manchester Rd.  
Poughkeepsie, NY 12603-2529

(845) 452-1316

JOHNATHAN TENGSTROM  
PO BOX 143

Hopewell Junction, NY 12533

Client ID: 16010  
Estimate ID: 19802  
Expiration Date: 3/21/2019

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Patient ID: 31137	Species: Canine	Weight: 14.00 pounds	Sex: Male
Patient Name: SUSI	Breed: Elkhound, Norwegian	Birthday: 10/16/2018	

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<u>Item ID</u>	<u>Description</u>	<u>Staff Name</u>	<u>Low Qty.</u>	<u>Low Amount</u>	<u>High Qty.</u>	<u>High Amount</u>
103227	DHP + 4L ULTRA PUPPY # 1	Diana Cannan, DVM	1.00	\$29.50	1.00	\$29.50
100568	DHP + 4L ULTRA VACCINE		1.00	\$29.50	1.00	\$29.50
51001	RABIES VACCINATION CANINE 1YR		1.00	\$25.00	1.00	\$25.00
50003	CANINE LYME DISEASE INITIAL		1.00	\$39.00	1.00	\$39.00
50004	CANINE LYME DISEASE ANNUAL		1.00	\$42.00	1.00	\$42.00
102745	CANINE INTRANASAL VACCINE (APB)		1.00	\$26.00	1.00	\$26.00
100725	MEDICAL WASTE AND DISPOSAL		1.00	\$4.00	1.00	\$4.00
01017	RE-EXAMINE PUPPY VISIT		1.00	\$29.00	1.00	\$29.00

Low Subtotal: \$224.00 High Subtotal: \$224.00

Low Total: \$224.00 High Total: \$224.00

This estimate is valid for 30 days and includes only those items listed. Prices may vary upon services rendered. I agree to pay a deposit of \_\_\_\_\_% of the estimate fees, assume financial responsibility for the remaining fees, and provide payment in full via cash, credit card, or check at the time my pet is discharged from the hospital.

Authorization \_\_\_\_\_

This estimate is good for 30 days and includes only those items listed. Payment will be required when your pet is released from the hospital.