

--CLIENT INVOICE--

University of Wisconsin - Madison
UW Veterinary Care
2015 Linden Drive
Madison, WI 53706
608-263-7600 or 1-800-DVM-VMTH
<http://uwveterinarycare.wisc.edu>

KOTOYO HOSHINA
5002 SHEBOYGAN AVE
APT 120
MADISON, WI 53705

Date: 09/03/11

Account: 137820

Patient		Amount
	Previous Balance Due	
	OR Deposit Credit (-)	0.00
Mango		
	Charges: CLINICAL PATHOLOGY	142.00
	PHARMACY	44.89
	SA-SPECIAL SPECIES	12.60
	BILLABLE PROCEDURES	15.90
	Total Due	215.39
09/03/11	PAYMENT BY CREDIT CARD	215.39-
	Payment Due	0.00
Clinician:		

This invoice reflects currently processed charges. Additional charges may be forwarded to the cashier and will be billed separately.

Join us on Facebook and become a fan of UW Veterinary Care!
Find out what's new at the hospital or share your story and photos with our other fans. Find our fan page at:
"UW Veterinary Care."

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APT 120
MADISON, WI 53705

Date: 09/03/11

Account: 137820

Patient		Amount
Previous Balance Due		
OR Deposit Credit (-)		0.00
Total Due		0.00
09/03/11	PAYMENT BY CREDIT CARD	215.39-
09/03/11	PAYMENT BY CREDIT CARD	150.00-
Payment Due		365.39-

Clinician:

ESTIMATE ONLY

123074
MANGO RED/WHITE
LAP OTHER LAPINE M 09/12/06
HOSHINA, KOTOYO
5002 SHEBOYGAN AVE
MADISON, WI 53705
PHONE 608-334-5123

NOT A BILL

(OWNER IDENTIFICATION AND ANIMAL DESCRIPTION)

DATE

9/3/11

HOSPITAL ESTIMATE*

UNIVERSITY OF WISCONSIN - MADISON
SCHOOL OF VETERINARY MEDICINE
VETERINARY MEDICAL TEACHING HOSPITAL
2015 Linden Drive West
Madison, WI 53706
(608) 263-7600

DOCTOR: Keller

PROBLEMS: Anorexia, ↓ fecal production

EXAMINATION	ESTIMATED COSTS	
	From	To
BY APPOINTMENT	\$	\$
EMERGENCY	\$ 180	\$
CONSULTATION	\$	\$
LABORATORY: Hematology & Chemistry	\$ 140	\$
Microbiology	\$	\$
Histopathology	\$	\$
Parasitology	\$	\$
RADIOLOGY	\$	\$ (150)
HOSPITALIZATION DAYS ()	\$	\$
IN-HOSPITAL MEDICATIONS	\$	\$
MEDICATIONS DISPENSED	\$ 60	\$ 70
SURGERY	\$	\$
SURGICAL IMPLANTS	\$	\$
ANESTHESIA	\$	\$
SPECIAL CARE/ICU	\$	\$
OTHER Subcutaneous fluids	\$ 20	\$
TOTAL ESTIMATE	\$ 400	\$ 410

*This initial estimate is based upon entering examination of your animal by the clinician and may change as diagnostic and therapeutic procedures deem necessary. Following the initial examination by a clinician, a deposit of 50 percent of the Hospital Estimate must be made before further diagnostic and/or therapeutic procedures are initiated. Upon discharge, the charges are to be paid in full. Please contact the doctor or the reception desk if you have any questions (263-7600). **UNPOSTED FEES:** In some instances, charges for services rendered in the hospital may still be in the processing stage when you pick up your animal. The client agrees to pay for these services when a bill is received.

WHITE - MEDICAL RECORD YELLOW - CLIENT PINK - BILLING

CLIENT ACKNOWLEDGEMENT Kotayo Hoshina DATE 9/3/2011

123074
RED/WHITE
MANGO
LAP OTHER LAPINE M 09/12/06
HOSHINA, KOTOYO
502 SHEBOYGAN AVE
MADISON, WI 53705
PHONE 608-334-5123
FAX -
CELL -

UNIVERSITY OF WISCONSIN - MADISON
SCHOOL OF VETERINARY MEDICINE
VETERINARY MEDICINE TEACHING HOSPITAL



I am the owner or agent of the owner of the above described () flock, () herd, () animal and have the authority to execute this document.

I hereby authorize agents of the University of Wisconsin - Madison School of Veterinary Medicine to perform **the following procedure(s) or treatment(s)** upon my animal(s):

physical examination, blood draw, fluid administration

The nature and purpose of these procedures and treatments, and available alternative treatments have been explained to me. I understand **the major risks** associated with the procedures and treatments I am authorizing include

handling stress, bruising at blood draw site

I further acknowledge that no guarantee has been made as to results that may be obtained. I understand that complications may arise which cannot be predicted and that **I will be held financially responsible for any veterinary medical care necessitated by complications.**

I consent to the administration of sedatives and anesthetic agents as deemed appropriate by the veterinarian in charge.

If unforeseen conditions arise which, in the judgment of the attending veterinarian, call for procedures or treatments other than those now being authorized, I authorize such procedures or treatments if reasonable efforts to contact me for further consent are unsuccessful.

I understand that students at the School of Veterinary Medicine will be present and may participate in performing the procedures and treatments I have authorized.

Signed Kotoyo Hoshina
Owner or authorized agent of owner

Date 9/3/2011

If someone other than the owner is signing this authorization, provide:

Address _____

ESTIMATE ONLY

HANGO RED/WHITE
LAP OTHER LAPINE M 09/12/06
HOSHINA, KOTOYO
5002 SHEBOYGAN AVE
MADISON, WI 53705
HOME 608-334-5123
WORK -
CELL -

DATE

9/3/11

HOSPITAL ESTIMATE*

UNIVERSITY OF WISCONSIN - MADISON
SCHOOL OF VETERINARY MEDICINE
VETERINARY MEDICAL TEACHING HOSPITAL
2015 Linden Drive West
Madison, WI 53706
(608) 263-7600

NOT A BILL

(OWNER IDENTIFICATION AND ANIMAL DESCRIPTION)

DOCTOR: Keller

PROBLEMS:

EXAMINATION

ESTIMATED COSTS

From

To

BY APPOINTMENT	\$		\$
EMERGENCY	\$		\$
	\$		\$
CONSULTATION	\$		\$
LABORATORY: Hematology & Chemistry <u>reticulocyte count</u>	\$	50	\$
Microbiology	\$		\$
Histopathology	\$		\$
Parasitology	\$		\$
RADIOLOGY	\$	140	\$
	\$		\$
HOSPITALIZATION DAYS ()	\$		\$
IN-HOSPITAL MEDICATIONS	\$		\$
	\$		\$
MEDICATIONS DISPENSED	\$	40	\$
	\$		\$
SURGERY	\$		\$
SURGICAL IMPLANTS	\$		\$
ANESTHESIA	\$		\$
SPECIAL CARE/ICU <u>Limited observation</u>	\$	60	\$ 70
OTHER	\$		\$
TOTAL ESTIMATE	\$	290	\$ 300

*This initial estimate is based upon entering examination of your animal by the clinician and may change as diagnostic and therapeutic procedures deem necessary. Following the initial examination by a clinician, a deposit of 50 percent of the Hospital Estimate must be made before further diagnostic and/or therapeutic procedures are initiated. Upon discharge, the charges are to be paid in full. Please contact the doctor or the reception desk if you have any questions (263-7600). **UNPOSTED FEES:** In some instances, charges for services rendered in the hospital may still be in the processing stage when you pick up your animal. The client agrees to pay for these services when a bill is received.

WHITE - MEDICAL RECORD YELLOW - CLIENT PINK - BILLING

CLIENT ACKNOWLEDGEMENT

Kotoyoshi

DATE

9/3/2011