VEG | ER for Pets

Treatment Plan Estimate

Visit Date: July 26, 2026 09:27 PM EDT

Dr. Stacey Hicks
Pikesville
1858 Reisterstown Road
Pikesville, MD 21208
(410) 793-4910

Moose

25.5kg | 9y 4m | MN | Dog - Mixed Breed Canine

Patient Id: t24tgr6a

NEW TREATMENTS	TOTAL COST
GENERAL SERVICES AND FEES	
Emergency Visit	$210.00
Sedation Monitoring and Induction - Nursing Services	$154.21
Additional Miscellaneous	$232.00
DIAGNOSTICS	
Packed Cell Volume (PCV)	$0.00
Total Solids (TS) - Refractometer	$0.00
NSAID 6 Panel - Catalyst	$160.16
MEDICATIONS	
Ampicillin and Sulbactam 30 mg/mL Injectable	$74.09
Atipamezole 5 mg/mL Injectable	$0.00
Carprofen 50 mg/mL Injectable	$84.60
DexmedeTOMIDine 500 mcg/mL Injectable	$0.00
Methadone 10 mg/mL Injectable	$0.00
TASKS	
E-Collar / Place E-Collar (Hard)	$24.18
Place Peripheral IV Catheter	$0.00
Clip and Clean - Minor	$0.00
Laceration Repair - Sutures / Staples (S)	$0.00
TO GO HOME MEDICATIONS	
Carprofen 100 mg Tablets	$36.26
Amoxicillin with Clavulanate, 375 mg Chewable Tablets	$139.24

New Treatments **$1,114.74**

VISIT SUMMARY	
NEW TREATMENTS	**$1,114.74**
PREVIOUSLY APPROVED TREATMENTS	**$0.00**
DISCOUNT	**$0.00**
TAX	**$1.46**
TOTAL TREATMENT	**$1,116.20**
PAYMENTS RECEIVED	**$0.00**
REMAINING BALANCE	**$1,116.20**

This estimate lists procedures and fees for veterinary service on **Moose** at **Pikesville**.

By signing this document I certify that I have read this document, understand it, and have had all of my questions answered to my satisfaction and I agree to the conditions of treatment, including paying the full estimated amount. I understand that treatment will not begin until I pay a prepayment of 100% of the estimated fees.

I understand that this estimate of the fees for veterinary services is provided to me and that I am encouraged to discuss all fees related to such care before services are rendered and during my pet's ongoing medical treatment.

I, the below signed owner, authorized agent of the owner, or Good Samaritan responsible for seeking veterinary care for the pet identified, certify that I am eighteen years of age or older and that I have the authority to execute this consent.

This estimate is valid for 30 days from its creation.

I also understand that this facility may not have an enclosed, outdoor space for pets to exercise and relieve themselves. Accordingly, my pet may be taken off facility property during its admission. In the event that I choose to leave the pet's personal harness/leash to be used during its admission, I understand that Veterinary Emergency Group will not be liable for any injuries, harm, or other loss if this leash/harness fails.

By signing this document, I understand and agree that if I leave my pet at Veterinary Emergency Group (i) without prior notice or communication with the medical team for more than 24 hours from the scheduled pickup date and/or (ii) fail to provide any contractual agreement for my pet's care then my pet will be considered abandoned. I understand that Veterinary Emergency Group will make every reasonable effort to contact me, and if after three (3) days they are unable to reach me or I have not responded to their outreach, Veterinary Emergency Group may take appropriate actions to rehome or find suitable care for my pet in the best interest of the animal's welfare.

By providing us with your primary Veterinarian's contact information, you consent to VEG sharing your pet's medical records with your primary Vet.

APPROVED: CUSTOMER CONSENT FORM ON JULY 26, 2026 09:27 PM EDT