

## Steve Perry

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**From:** Drewrey Daily  
**Sent:** Wednesday, September 4, 2024 11:18 AM  
**To:** Steve Perry  
**Subject:** Fw: Prices

FYI

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**From:** Sabrina Wilson <sabrina.wilson@spayneuternet.org>  
**Sent:** Wednesday, September 4, 2024 11:16 AM  
**To:** Drewrey Daily <ddaily@cityofhutchins.org>  
**Subject:** Prices

You don't often get email from [sabrina.wilson@spayneuternet.org](mailto:sabrina.wilson@spayneuternet.org). [Learn why this is important](#)  
Hi Drew,

Here is a price list of the things we discussed on the phone along with wellness hours and location.

Medical Disposal Fee - \$5 (Per Pet)  
Rabies - \$11  
Heartworm Test - \$20  
Heartworm prevention per month - \$15  
Flea Prevention per month - \$15

Crandall Clinic  
102 E Trunk St.  
Crandall, TX 75114

We do wellness from 10-2 Tuesday-Friday.

Thank you for taking the time to speak with me and we look forward to working with your shelter.



**Sabrina Wilson**

COMMUNITY ENGAGEMENT MANAGER  
SPAY NEUTER NETWORK

972.472.3500 x1000 | [spayneuternet.org](http://spayneuternet.org)  
Our vision is to create compassionate communities free of homeless pets

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## Steve Perry

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**From:** Drewrey Daily  
**Sent:** Wednesday, September 4, 2024 10:59 AM  
**To:** Steve Perry  
**Subject:** Fw: Pricing for services

FYI, If you can think of any thing else you might need pricing for or questions let me know so I can get you those answers.

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**From:** Jim Rook <14thstvet@gmail.com>  
**Sent:** Wednesday, September 4, 2024 10:12 AM  
**To:** Drewrey Daily <ddaily@cityofhutchins.org>  
**Subject:** Pricing for services

You don't often get email from 14thstvet@gmail.com. [Learn why this is important](#)  
Officer Drewrey Daily, Here are the prices for the services you asked for. If you need anything else please let me know.

Euthanasia - \$75.00

Euthanasia/Disposal - k-9/Feline

>0-84 pounds - \$100.00

>85-149 pounds - \$120.00

>Over 150 pounds - \$140.00

Quarantine - \$200.00

Rabies Testing - \$195.00

Rabies Vaccination - \$23.00

Hope you have a blessed and safe day.

-Lisa



**VCA DeSoto Animal Hospital**  
200 N. Hampton Road | DeSoto, TX 75115 | (972) 223 - 4840

| Prepared: **9/4/2024 at 13:53** | Treatment Plan: **78235613**

**Client**

**Hutchins Animal Control (#41115)**

550 W Palestine St  
Hutchins, TX 75141

**Patient**

**Stray (# )**

Species: Canine ( )

Sex: | Color:

Birth: | Age: | Weight:

**Detailed Information**

Date	Description	Qty	Price	Discount	Total Low Price
Day 1	Exam/Consultation Well Patient	1	\$124.05	-\$74.43	\$49.62
	Rabies Vaccine 1yr Canine	1	\$43.50	-\$26.10	\$17.40
	DA2P-Pv Vaccine 1yr	1	\$60.80	-\$45.60	\$15.20
	Bordetella Intranasal Vaccine 1yr	1	\$52.05	-\$39.04	\$13.01
	Rabies Vaccine Purevax 1yr Feline	1	\$48.95	-\$29.37	\$19.58
	FVRCP Vaccine 1yr	1	\$65.70	-\$49.28	\$16.42
	FelV Purevax Vaccine 1yr	1	\$68.90	-\$51.68	\$17.22
	Heartworm Test IH	1	\$116.65	-\$87.49	\$29.16
	FelV/FIV Test	1	\$167.30	-\$125.48	\$41.82
	Idexx Parvo SNAP Test	1	\$98.90	-\$49.45	\$49.45
	Euthanasia	1	\$204.45	-\$153.34	\$51.11

Shelters/PetStore	\$731.26
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**THIS TREATMENT PLAN AND ESTIMATE MAY RANGE FROM: \$319.99 to \$399.99\***

**Client**

**Initials:** \_\_\_\_\_

**AUTHORIZATION FOR MEDICAL AND/OR SURGICAL TREATMENT**

I, the undersigned, certify that I am the owner, or authorized agent for the owner, of the animal, "**Stray**". I authorize the doctor on duty and assistants to perform the procedures listed in the above treatment plan and estimate, including administration of pain relief medications, sedatives and/or anesthetics, as well as any necessary and appropriate medical, radiological, surgical, diagnostic and/or emergency care for **Stray**.

I have been advised as to the nature of the procedures and the potential risks, and I understand the reason why such medical and/or surgical treatment is considered necessary, as well as its advantages, and possible complications, if any. I also understand that no guarantee of successful treatment can be made. In some cases, it is impossible to accurately estimate the

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Thank you for trusting us with your pet's care. Your friends at VCA DeSoto Animal Hospital.



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total charges involved because the total extent of the injuries or illness may not be immediately apparent. The results of blood tests, urinalysis, radiographs, etc. may be needed before the doctor can approximate a total expense. Additionally, it is impossible to accurately estimate the time an individual animal needs to respond to a treatment plan and this factor will affect the total cost. It is understood that these are estimated fees.

If additional treatment is needed that exceeds the estimated range, the hospital will contact me with an updated treatment plan and estimate to obtain my permission to proceed, and I will increase my deposit accordingly. In the event that any urgent care requirements arise and the hospital makes a reasonable attempt but is not able to contact me, I grant permission to render to **Stray** whatever emergency and life-stabilizing treatments are deemed necessary by hospital personnel and agree to pay for these emergency and life-stabilizing treatments even if they exceed this estimate. I understand that prices on this treatment plan and estimate are valid for **30** days from the document date.

If additional care is necessary, that exceeds the initial estimate, we will require payment of the current balance in full plus an additional **50.00%** of the new estimate.

Client Initials: \_\_\_\_\_

For hospitals not open 24 hours a day, please be advised that if your pet is hospitalized or otherwise stays overnight or after hours, there may be periods during which there are no personnel on the premises.

**A MINIMUM DEPOSIT OF 50.00% OF THE ESTIMATE IS REQUIRED: \$160.00**

I assume full financial responsibility for all charges and services incurred to Stray while in the hospital and agree to pay all such charges at the time of release of such patient.

I hereby certify that I have read and fully understand this authorization for medical and/or surgical treatment.

**Important Patient/Client Information:**

Phone numbers where you can be reached today:

Phone: \_\_\_\_\_ Call me ☐ Text me ☐ Notes: \_\_\_\_\_

Phone: \_\_\_\_\_ Call me ☐ Text me ☐ Notes: \_\_\_\_\_

What time did your pet last eat: \_\_\_\_\_

Employee notes/comments: \_\_\_\_\_

**I hereby certify that I have read and fully understand this Treatment Plan Authorization. Signature of Owner or Responsible Agent Must be 18 years of age or older**

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200 N. Hampton Road | DeSoto, TX 75115 | (972) 223 - 4840

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Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature (If applicable below):

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

#### Summary

Patient Name	Total Price	Discount	Total Tax	Low Total	High Total
Stray	\$1,051.25	-\$731.26	\$0.00	\$319.99	\$399.99*

Previous Balance:	\$0.00
Estimate Low Total:	\$319.99
Estimate High Total *:	\$399.99*
<b>Grand Total range:</b>	<b>\$319.99 - \$399.99*</b>

\*APPLICABLE TAXES MAY BE ADDED TO HIGH TOTALS.

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