

# OAHU EQUINE VETERINARY CLINIC

3135 Kahako Place, Kailua, Hawaii 96734  
Phone: (808) 262-0388

Date: 4/21/09 Time: \_\_\_\_\_

Name: <u>Iron Woman Union</u>				Address: _____			
Location of Horse: _____				Name: _____			
Recheck Date: _____				Reminder Date: _____			
<b>(1) PROFESSIONAL SERVICES</b>				<b>(6) VACCINATIONS</b>			
Service Fee	<u>38.00</u>	Consultation		Tetanus Toxoid		Rhino-KV	
Emergency Fee		Pre Purchase Exam		Influenza		E+WEE	
Physical Exam	<u>40.00</u>	Lameness Exam		Rhino-MLV			
Recheck Exam		Eye Exam		<b>(7) LABORATORY</b>			
Multiple Exam		Rectal		CBC		Urinalysis	
<b>(2) MEDICATIONS</b>				Profile		Fecal	
Code	Name	Units	Cost	PCV Hb		Culture Bact. Fungal	
1				Coggins		Skin Scraping	
2				Biopsy		Fibrinogen	
3				Cytology		Other	
4				<b>(8) DP WORMING</b>			
5				<b>(9) ENDOSCOPY</b>			
6				Examination			
<b>(3) X RAYS</b>				<b>(10) DENTISTRY</b>			
Survey Views		Radiologist Interpn.		Float		Extraction	
Special Views		Special Procedure		<b>(11) HOSPITAL CARE</b>			
Polaroid		Professional Time		Regular		Intensive	
<b>(4) SURGERY</b>				<b>(12) HEALTH CERTIFICATE</b>			
Professional Time		Gas Anesthesia Time		<b>(13) OBSTETRICIAN</b>			
Anesthesiologist Time		Cyrosurgery					
<b>(5) PROFESSIONAL PROCEDURES</b>							
IV Fluids		Stomach Tube		<b>(14) EUTHANASIA</b>			
Abdominal Bandage		Sterile Prep.		<b>(15) ULTRA SOUND</b>			
IV Catheter		Abdom. Paracentesis					
Urethral Catheter		Stain Eye(s)		<b>(16) STATE TAX</b>			
Hoof Repair		Pull Shoe/Reset		<b>METHOD OF PAYMENT</b>			
Local Nerve Blocks		Plaster/Resin Cast		1. Cash		Sub Total	<u>78.00</u>
Bandage/Rj. Bandage		Gelocast		2. Check		Discounts	
Naso-Lacrimal Flush		Clean Sheath		3. MC/Visa		<b>TOTAL</b>	<u>81.68</u>

Horse has a body condition score of 6/10. She is in good flesh except for a keloid scar on the inner of the LH pastern. She also has skin excoriation on the left hip area. The man of the Iron Woman Union has taken to Ronson's for treatment of horses for many related and as a result has some good information.

NOTE: If instructions are not clear, or horse's condition does not improve or become worse. Please call us. I authorize the above indicated services to be performed on my horse. I agree this account is payable at the time the services are rendered. It is also agreed that past due accounts are subject to all costs of collection, including attorneys fees. I am the owner, or authorized agent of the owner, of the animal presented for care.

By: Joseph D. Dannel  
Received by: \_\_\_\_\_