



Alison Williams, DVM, MSc, DACVIM (Oncology) | Prepared: 1/21/2026 at 10:17 AM | Treatment Plan: 649968872

Client	Patient
Adam Qureshi (#104291) 203-7 Westpark Common SW 203 Calgary, AB T3H 0Y4 C: Adam (587) 700 - 9888	Ralph (#134763) Species: Canine (Retriever, Labrador) Sex: Male Neutered Color: Black Birth: 09/10/2020 Age: 5y 4m Weight: 34.40 kg 01/21/2026

Detailed Information

Date	Description	Qty	Price	Total Price
Day 1	Hospitalization Chemotherapy	4	\$397.72	\$417.61
	CBC Recheck In House	3	\$399.47	\$419.44
	VinCRISTine (gen) 1mgVI 1mg/mL/mL	2.4	\$209.42	\$219.89
	- Chemotherapy Administration	4	\$1,300.00	\$1,365.00
	ESTIMATE Medications *DO NOT INVOICE	400	\$400.00	\$420.00
Day 2	Hospitalization Chemotherapy	4	\$397.72	\$417.61
	CBC Recheck In House	4	\$515.21	\$540.97
	Cyclophosphamide (gen) 25mg Tab InHouse Use	16	\$37.79	\$39.68
	- Chemotherapy Admin Oral InHouse Use	4	\$748.39	\$785.81
	ESTIMATE Medications *DO NOT INVOICE	300	\$300.00	\$315.00
Day 3	Hospitalization Chemotherapy	4	\$397.72	\$417.61
	CBC Recheck In House	4	\$515.21	\$540.97
	VinCRISTine (gen) 1mgVI 1mg/mL/mL	2.4	\$209.42	\$219.89
	- Chemotherapy Administration	4	\$1,300.00	\$1,365.00
	ESTIMATE Medications *DO NOT INVOICE	300	\$300.00	\$315.00
Day 4	Hospitalization Chemotherapy	4	\$397.72	\$417.61
	CBC Recheck In House	4	\$515.21	\$540.97
	ECG Oncology Recheck	4	\$200.00	\$210.00
	DOXOrubicin (gen) 2mg/mL/mL	52	\$1,351.48	\$1,419.05
	- Chemotherapy Administration	4	\$1,400.00	\$1,470.00
	ESTIMATE Medications *DO NOT INVOICE	250	\$250.00	\$262.50
Day 5	ESTIMATE Medications *DO NOT INVOICE	300	\$300.00	\$315.00
	CBC Recheck In House	4	\$515.21	\$540.97



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Summary

Patient Name	Total Price	Total Tax	Total
Ralph	\$12,357.69	\$617.89	\$12,975.58

Previous Balance:	\$0.00
Estimate Total:	\$12,975.58
Grand Total:	\$12,975.58

THIS TREATMENT PLAN IS VALID FOR **30 DAYS** FROM THE PREPARED DATE ABOVE.

I understand that an initial payment of **\$9,731.69** is required before treatment is initiated. I agree to pay any additional balance above my initial payment at the time that my pet is discharged from Western Veterinary Specialist & Emergency Centre

The above procedures have been reviewed and explained to me, including the estimated costs and I accept as presented. I confirm that I have also signed a Consent to Treatment separately related to the procedures set out.

Client Signature: _____

Staff Initials: _____

AUTHORIZATION FOR MEDICAL AND/OR SURGICAL TREATMENT

1. I am the owner (or authorized person(s) of the owner) of the animal listed above. I am over 18 years of age. I have read and understand the information on this form. The information on this form has been explained to me. My questions have been answered. I declare that I provide my consent to the above-noted product(s)/procedure(s) (inclusive of drug therapy), in accordance with the explanations indicated above.
2. I have the right to be informed about every treatment/procedure (inclusive of drug therapy) administered or performed on my animal(s), and any change in treatment plan that significantly alters the risks and benefits to my animal(s).
3. I understand there is a risk of complications with the procedure(s) indicated in the treatment plan, including the possibility of death as a severe complication of surgery, anesthesia, or other procedures. I also understand there is no guarantee as to the results of any of the outlined procedures, diagnostics, or treatments. I understand I may ask any questions I have



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regarding any procedure, diagnostic, or treatment recommended by the veterinarian before it is performed.

- 4. In the event of a cardiopulmonary arrest (loss of normal heartbeat and breathing), I understand that I will be called to discuss options for my pet's care. I understand that there is an additional cost associated with emergency resuscitative measures.

Until I can be reached – PLEASE INITIAL ONE

I authorize CPR as deemed necessary by the Veterinarian to try to restore normal heartbeat and breathing.

I authorize a 'Do Not Resuscitate' order.

- 5. Medical procedures can have unforeseen, non-life threatening consequences. I acknowledge that there may be additional charges to ensure my pet's health and safety in these situations.
- 6. In the event your pet requires unexpected and/or ongoing treatment, Western Veterinary Specialist & Emergency Centre will prepare an additional treatment plan reflecting this ongoing treatment. Further prepayments may be required to continue treatment.
- 7. I understand that any personal belongings (leash, collar, toys, food, etc.) left with my pet are not guaranteed to be returned to me and are not the responsibility of Western Veterinary Specialist & Emergency Centre

Important Patient/Client Information:

Phone numbers where you can be reached today:

Phone: _____ Call me Text me Notes: _____

Phone: _____ Call me Text me Notes: _____

Consent to Treatment

I hereby certify that I have read and understood this Treatment Plan Authorization and Consent to Treatment. I am signing this document voluntarily and without duress. I have been informed of the possible risks associated with this Treatment Plan. Signature of Owner or Responsible Agent Must be 18 years of age or older.

READ BEFORE SIGNING

Authorized Agent:
Signature: _____ Print Name: _____ Date: _____

Employee Signature:
Signature: _____ Print Name: _____ Date: _____

By signing this form, I consent to the use, storage, and disclosure of my personal information in accordance with the VCA Canada Privacy Statement.

Caring for life's greatest companions