



UNIVERSITY OF WASHINGTON
 Magnuson, Health Sciences Bldg., I-402 to I-472, Box 357340
 Main Office Phone: 206-543-8047 Fax: 206-685-3006

DCM VETERINARY SERVICES FORM

P.I.:		Date of Service:
Date:	Budget #:	Protocol #:
Dept.:	Contact #:	Contact Name:

- 6 VIVARIUM SLU 3.1 K-WING 815 BROTMAN NO LAKE DIESEL LIFE SCIENCE
 FOEGE ROOSEVELT GUTHRIE HARBORVIEW ARCF OTHER _____

MICE	RATS	PIGS	<input type="checkbox"/> DOGS	CATS	RABBITS	SHEEPS	OTHER _____
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SERVICE	EXPLANATION OF SERVICE(S)	QTY	UNIT	PRICE	Billing Use Only
CAS - VETERINARIAN - ANESTHESIA/SURGERY SUPPORT	CAS		Hour		
			O / T		
CAS - VETERINARIAN - RESEARCH SUPPORT/ADMIN.	CAS		Hour		
			O / T		
CAS - SURGERY STATION & VET TECHNICIAN	CAS		Hour		
			O / T		
CAS - SURGERY STATION ONLY (Bill Setup/Cleanup Separately)	CAS		Hour		
			O / T		
CAS - VET TECHNICIAN - ANESTHESIA/SURGERY SUPPORT	CAS		Hour		
			O / T		
CAS - VET TECHNICIAN Res. Support, Prep. Set-up/Clean-up	CAS		Hour		
			O / T		
ANIMAL PROCESSING FEE	TAG ID#: P		Hour	VARIED	
HEALTH CERTIFICATE	VT		Each		
			Add'l		
VET. TECHNICIAN - Res. Support, (Labor and no Supplies)	VTL		Hour		
			O / T		
CLINICAL VET. TECHNICIAN (Labor and Supplies)	VTC		Hour		
			O / T		
VETERINARIAN - RES. SUPPORT (Labor and no Supplies)	VTAL		Hour		
			O / T		
CLINICAL VETERINARIAN (Labor and Supplies)	VTAC		Hour		
			O / T		
ANESTHETIC MACHINE RENTAL	VTA		Hour		
MEDS / MISC. SUPPLIES	all of these are VTA		Each	\$ RATE	
ULTRASOUND = \$194.78/hr			Each	\$ RATE	
IMAGING - X-RAY/RADIOGRAPH 1ST = \$85 & ADDITIONAL = \$52 (Includes Tech Time)			Each	\$ RATE	
			Subtotal		
			TAX		
			AF		
			Supply	Total	

PRINT NAME (Person Completing this Form)

DATE