



Contract Modification Document

Office of the Purchasing Agent
Collin County Administration Building
2300 Bloomdale Rd, Ste 3160
McKinney, TX 75071
972-548-4165

Vendor: Highlands-Eldorado Operating LLC
4201 Highlands Drive
McKinney, TX 75071

Contract No. 2024-418
Contract: Professional Services, Veterinary
Services

YOU ARE DIRECTED TO MAKE THE FOLLOWING MODIFICATION TO THIS CONTRACT

- ITEM #1: Renew contract for the period November 18, 2025 through and including November 17, 2026.
- ITEM #2: Replace Exhibit B, Price List, to reflect updated estimated charges of treatments and supplies effective November 18, 2025 through and including November 17, 2026.

Except as provided herein, all terms and conditions of the contract remain in full force and effect and may only be modified in writing signed by both parties.

Amendment No. 1 has been accepted and authorized on _____ by authority of the Collin County Commissioners Court by Court Order No. _____, to be effective on _____.

ACCEPTED BY:

SIGNATURE

(Print Name)

TITLE:

DATE:

SIGNATURE

Michelle Charnoski, NIGP-CPP, CPPB
(Print Name)

TITLE: PURCHASING AGENT

HISTORICAL INFORMATION

Awarded by Court Order No. 2024-1227-11-18

Renewal No. _____	Court Order No. _____
Renewal No. _____	Court Order No. _____
Renewal No. _____	Court Order No. _____

Amendment	No. 1	Court Order No.	Summary	Renewal 1 and replace Exhibit B
Amendment		Court Order No.	Summary	
Amendment		Court Order No.	Summary	

EXHIBIT B
PRICE LIST
EFFECTIVE 11/18/2025 - 11/17/2026



This document serves as a consent form and estimate for procedures to be performed on Estimate for POCollin County. This estimate only approximates the cost of this visit and does not include any treatments that may be deemed necessary as additional information arises during the course of diagnosis and treatment. However, we will contact you prior to instituting any treatments not included on this estimate, unless they are emergency / life-saving procedures. The following is a list of the treatments and/or supplies expected to be required during this visit and their approximate cost.

Procedure or Dispensed Item	Qty	Charge
Dog Wellness Examination		85.00
Heartworm Antigen Test		60.00
Rabies Canine 1 Year		35.00
Leptospirosis Booster		35.00
DA2PPV		51.00
DA2PPV +Lepto		60.00
Bordetella/Parainfluenza		34.00
Bordetella/Parainfluenza Semi-Annual		34.00
Canine Influenza H3N2 / H3N8 Vaccine		52.00
Canine Influenza H3N2/H3N8 Semi/Booster		52.00
Fecal Parasite Test (Canine)		51.50
Fecal Parasite Test (Canine)- SemiAnnual		51.50

Digital Radiographs		260.00
General Health Profile Bloodwork		354.00
ProHeart 51-75 LBS		204.89
ProHeart 76-100 LBS		215.74
Interceptor PLUS Dose 51-100# Blue	12	160.15
Credelio Blue 50.1-100#	12	324.78
Technician Time		56.00
Medications, Other Treatments		500.00
Police Canine Discount - 10%		0.00
Total estimate charges...		\$2676.56

Be assured that the health of Estimate for PO is our highest concern and we will do everything possible to maintain that health. In accordance with current standards of veterinary medical practice, we recommend an evaluation of the patient's hydration, metabolic, and organ function status prior to the induction of anesthesia. If anesthesia will be required for your pet, the appropriate pre-anesthetic testing for your pet's age and health status is required and is listed in the estimate above. If your pet is undergoing a surgical procedure, the above estimate may include postoperative paincontrol medication, either listed as "Rimadyl", "torbugesic", "Duragesic Patch", etc. The use of this medication is strongly recommended to help your pet avoid postoperative discomfort. Anesthesia and surgery involve inherent, manageable risks. In rare cases, emergency situations arise which require intensive life-saving efforts to revive a patient from anesthesia.

In the event that I cannot be reached immediately during an emergency, I DO ___ / DO NOT ____ (initial one) want the doctor to perform life-saving procedures such as cardiac resuscitation on my pet in the case of a life-threatening emergency and understand that by initialing "DO" I would be responsible for any charges incurred during emergency treatment.

Emergency Contact Number: _____

If you have any questions concerning this estimate please do not hesitate to ask. Your signature below indicates that you have reviewed and agree to the terms of this estimate,

but does not make you responsible for the individual charges listed above until the associated procedures have been performed upon Estimate for PO. I accept and agree to the terms of this estimate, and I hereby authorize the staff of HighlandsEldorado Veterinary Hospital to perform the procedures listed:

_____ Sheriff Office Collin County

I hereby authorize Highlands Eldorado Veterinary Hospital to use videos and/or images of my pet on social media. Yes___ No___