

# IMHA Cost Planning Worksheet

*Plan, Track, and Manage Your Dog's IMHA Treatment Costs*

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## Emergency Contact Information

### Primary Veterinarian:

- Name: \_\_\_\_\_
- Phone: \_\_\_\_\_
- After-hours: \_\_\_\_\_
- Address: \_\_\_\_\_

### Emergency/Specialist Hospital:

- Name: \_\_\_\_\_
- Phone: \_\_\_\_\_
- Address: \_\_\_\_\_

### Pet Insurance Company:

- Company: \_\_\_\_\_
  - Policy Number: \_\_\_\_\_
  - Claims Phone: \_\_\_\_\_
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## Financial Preparation Checklist

### Before Treatment Starts:

- ☐ Apply for CareCredit (limit: \$\_\_\_\_\_)
- ☐ Check pet insurance coverage
- ☐ Verify emergency fund available: \$\_\_\_\_\_
- ☐ Research payment plan options
- ☐ Set up separate "vet fund" account

### Financial Tools Ready:

- ☐ Credit cards with available limits

- ☐ Banking info for wire transfers
- ☐ Emergency contact for financial help
- ☐ Insurance claim forms downloaded

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## Phase 1: Emergency Diagnosis Costs

Date of Diagnosis: \_\_\_\_\_

Emergency Service	Estimated Cost	Actual Cost	Notes
Emergency exam	\$150-400	\$_____	
Complete blood panel	\$200-400	\$_____	
Blood smear exam	\$50-100	\$_____	
Urinalysis	\$75-150	\$_____	
X-rays	\$200-500	\$_____	
Ultrasound	\$400-800	\$_____	
Coombs test	\$100-200	\$_____	
Other tests: _____		\$_____	
<b>Phase 1 Total</b>	<b>\$1,500-3,000</b>	<b>\$_____</b>	

### Insurance Coverage:

- Submitted to insurance: Date \_\_\_\_\_
  - Amount covered: \$\_\_\_\_\_
  - Out-of-pocket: \$\_\_\_\_\_
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## Phase 2: Stabilization Treatment Costs

Treatment Period: \_\_\_\_\_ to \_\_\_\_\_

### Blood Transfusions

Date	Transfusion #	Cross-match Cost	Transfusion Cost	Monitoring Cost	Total
	1st	\$ _____	\$ _____	\$ _____	\$ _____ —
	2nd	\$ _____	\$ _____	\$ _____	\$ _____ —
	3rd	\$ _____	\$ _____	\$ _____	\$ _____ —
	4th	\$ _____	\$ _____	\$ _____	\$ _____ —

### Hospitalization Costs

Service	Days	Cost per Day	Total Cost	Notes
ICU care	_____	\$ _____	\$ _____	
Regular hospitalization	_____	\$ _____	\$ _____	
IV fluid therapy	_____	\$ _____	\$ _____	
Oxygen therapy	_____	\$ _____	\$ _____	
Medication administration	_____	\$ _____	\$ _____	

Phase 2 Total: \$ \_\_\_\_\_

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## Phase 3: Medication Tracking

### Monthly Medication Costs

Month 1:

Medication	Dose	Pharmacy	Cost	Insurance Coverage	Out-of-Pocket
Prednisone	_____	_____	\$ _____	\$ _____	\$ _____ —

Azathioprine/Imuran	_____	_____	\$_____	\$_____	\$_____
	—		—		
Mycophenolate	_____	_____	\$_____	\$_____	\$_____
	—		—		
Anti-clotting (Plavix)	_____	_____	\$_____	\$_____	\$_____
	—		—		
Gastroprotectant	_____	_____	\$_____	\$_____	\$_____
	—		—		
Other:	_____	_____	\$_____	\$_____	\$_____
_____	—		—		
<b>Month 1 Total</b>			<b>\$_____</b>	<b>\$_____</b>	<b>\$_____</b>
			—		

#### Pharmacy Price Comparison:

- Vet clinic pharmacy: \$\_\_\_\_\_
- Local pharmacy: \$\_\_\_\_\_
- Online pharmacy: \$\_\_\_\_\_
- Costco/warehouse: \$\_\_\_\_\_
- **Best option:** \_\_\_\_\_

#### Medication Schedule Tracker

Medication	Morning Dose	Evening Dose	Special Instructions
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#### Blood Work Monitoring Costs

Date	PCV Level	Test Type	Cost	Insurance	Out-of-Pocket	Vet Notes
		CBC + Chem	\$_____	\$_____	\$_____	
			—			

CBC + Chem	\$_____	\$_____	\$_____
	—		
CBC + Chem	\$_____	\$_____	\$_____
	—		
CBC + Chem	\$_____	\$_____	\$_____
	—		
CBC + Chem	\$_____	\$_____	\$_____
	—		

### Monitoring Schedule:

- Week 1-4: Every \_\_\_\_\_ days
  - Month 2-3: Every \_\_\_\_\_ days
  - Month 4-6: Every \_\_\_\_\_ days
  - Month 7+: Every \_\_\_\_\_ days
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## Additional Costs Tracker

### Hidden/Unexpected Costs

Expense	Cost	Notes
Parking fees	\$_____	Hospital visits
	—	
Gas/travel	\$_____	Frequent vet trips
	—	
Time off work	\$_____	Lost wages
	—	
Special diet food	\$_____	Monthly cost
	—	
Comfort items	\$_____	Beds, ramps, etc.
	—	
Home supplies	\$_____	Thermometer, syringes
	—	

Pet sitting                      \$ \_\_\_\_\_      During hospitalization

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Other:                              \$ \_\_\_\_\_

\_\_\_\_\_

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### Complication Costs (if applicable)

Complication	Treatment	Cost	Date
Blood clots		\$ _____	
		—	
Secondary infections		\$ _____	
		—	
Medication reactions		\$ _____	
		—	
Relapse treatment		\$ _____	
		—	

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## Cost Summary

### First Year Totals

Phase	Estimated Range	Your Actual Cost
Emergency Diagnosis	\$1,500-3,000	\$ _____
Stabilization Treatment	\$3,000-15,000	\$ _____
Monthly Medications (12 months)	\$1,800-2,400	\$ _____
Regular Monitoring	\$2,000-4,000	\$ _____
Additional/Hidden Costs	\$1,000-2,500	\$ _____
Complications (if any)	\$2,000-8,000	\$ _____
<b>TOTAL FIRST YEAR</b>	<b>\$11,300-34,900</b>	<b>\$ _____</b>

### Insurance Summary

- Total treatment costs: \$ \_\_\_\_\_
  - Insurance covered: \$ \_\_\_\_\_
  - Out-of-pocket costs: \$ \_\_\_\_\_
  - **Insurance saved us:** \$ \_\_\_\_\_
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## Cost-Saving Strategies Used

### What Worked for Us:

- ☐ Generic medications saved: \$ \_\_\_\_\_ per month
- ☐ Switched to general vet for routine monitoring
- ☐ Used CareCredit 0% financing
- ☐ Found cheaper pharmacy for medications
- ☐ Negotiated payment plan
- ☐ Other: \_\_\_\_\_

### Lessons Learned:

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## Planning for Year 2+

### Maintenance Phase Budget

Expense	Monthly Cost	Annual Cost
Reduced medications	\$ _____	\$ _____
Quarterly monitoring	\$ _____	\$ _____
Emergency fund	\$ _____	\$ _____
<b>Total Annual</b>		<b>\$ _____</b>

### Relapse Preparation

- Emergency fund target: \$ \_\_\_\_\_
- Insurance updates needed: \_\_\_\_\_

- Medication stockpile: \_\_\_\_\_
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## Financial Resources & Assistance

### Used or Available:

- ☐ CareCredit: Limit \$, ***Used*** \$
- ☐ Pet insurance: Coverage \_\_\_\_\_%
- ☐ Payment plan: \$\_\_\_\_\_ per month
- ☐ Family assistance: \$\_\_\_\_\_
- ☐ The Pet Fund: Applied \_\_\_\_\_
- ☐ Brown Dog Foundation: Applied \_\_\_\_\_
- ☐ Local assistance: \_\_\_\_\_

### Emergency Contacts for Financial Help:

- Family member: \_\_\_\_\_
  - Friend: \_\_\_\_\_
  - Local assistance program: \_\_\_\_\_
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## Important Notes & Observations

### What I Wish I Had Known:

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### Best Money-Saving Tips:

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### Warning Signs That Cost Extra:

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### Advice for Other IMHA Families:



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## Medication Dosage & Tapering Log

### Prednisone Tapering Schedule

Week	Morning Dose	Evening Dose	Total Daily	PCV Level	Notes
1-2	_____ mg	_____ mg	_____ mg	_____	
3-4	_____ mg	_____ mg	_____ mg	_____	
5-6	_____ mg	_____ mg	_____ mg	_____	
7-8	_____ mg	_____ mg	_____ mg	_____	

### Secondary Immunosuppressant Log

Date	Medication	Dose	Side Effects	Effectiveness
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*This worksheet is based on Stella's successful IMHA treatment journey. For more resources and community support, visit [IMHAinDogs.net](http://IMHAinDogs.net)*

**Emergency Reminder:** Always consult your veterinary team for medical decisions. This worksheet is for financial planning and tracking only.

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**Download more IMHA resources at [IMHAinDogs.net](http://IMHAinDogs.net):**

- IMHA Emergency Checklist
- Medication Cost Comparison Tool
- Insurance Claim Template

- Community Support Forum