

# VETERINARY INVOICE

[Clinic Name]  
[Address Line 1]  
[Phone Number]

Invoice #: \_\_\_\_\_

Date: \_\_\_\_\_

---

**BILL TO:**

[Client Name / Facility]  
[Client Address]  
[Patient Name/ID]

Item Code	Description (Medication/Supply)	Qty	Unit Price	Total

Subtotal: \$ \_\_\_\_\_

Tax: \$ \_\_\_\_\_

---

**Amount Due: \$ \_\_\_\_\_**

---

**Notes / Rx Instructions:**

---

Thank you for choosing our veterinary services. Payment is due upon receipt.