VETERINARY CARE DONATION

[Clinic Name]
[Street Address]
[City, State, Zip]
[Phone Number]

Receipt #: _____

Date: _____

Tax ID: _____

DONOR INFORMATION

[Name / Organization]
[Address]
[Email/Phone]

PATIENT / CASE REFERENCE

Animal Name: _____
Species/Breed: _____
Case ID: _____

Description of Services / Supplies	Amount
[Exam / Procedure Name]	$ 0.00
[Medications / Vaccinations]	$ 0.00
[Surgical Supplies / Lab Fees]	$ 0.00

Description of Services / Supplies	Amount
[Other Care Provided]	$ 0.00

Subtotal: $ 0.00
Discount/Sponsorship: - $ 0.00
TOTAL DONATION VALUE: $ 0.00

Thank you for your generous contribution to animal welfare.

No goods or services were provided in exchange for this contribution. Please retain this receipt for your tax records.