

INVOICE

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

Invoice #: _____
Date: _____

Owner Information

Name: _____
Address: _____
Phone: _____

Patient Information

Pet Name: _____
Breed: _____
Weight: _____ lbs/kg
Sex: Male Female

Service Description	Quantity	Unit Price	Total
Sterilization Surgery (Spay/Neuter)	1	\$	\$
Anesthesia & Monitoring	1	\$	\$
Pain Management/Injections		\$	\$

Service Description	Quantity	Unit Price	Total
Post-Op Medication (Take-home)		\$	\$
E-Collar / Recovery Suit		\$	\$
[Other: _____]		\$	\$

Subtotal: \$ _____
Tax: \$ _____
Amount Due: \$ _____

Notes: Please follow all post-operative care instructions provided. A follow-up appointment is recommended in _____ days for suture inspection.

Payment Terms: Payment is due at the time of discharge. Thank you for trusting us with your pet's care.