

ANIMAL SURGICAL CARE

[Clinic Address Line 1]
[City, State, Zip]
[Phone Number]

INVOICE

Date: _____
Invoice #: _____

CLIENT INFORMATION

Name: _____
Phone: _____
Email: _____

PATIENT INFORMATION

Name/ID: _____
Species/Breed: _____
Weight: _____ (kg/lb)

SURGICAL & MEDICAL SERVICES

DESCRIPTION	QTY/HRS	UNIT PRICE	TOTAL
Pre-Anesthetic Blood Work			
Anesthesia & Monitoring (General)			
Surgical Procedure: _____			
Operating Room Materials/Pack			

DESCRIPTION	QTY/HRS	UNIT PRICE	TOTAL
IV Catheter & Fluid Therapy			
Post-Operative Pain Management			
Hospitalization / Recovery Care			
Medication (Take Home)			

Subtotal:\$ _____
Tax:\$ _____
TOTAL:\$ _____

| SURGEON NOTES & INSTRUCTIONS

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