

# EMERGENCY SURGICAL INVOICE

[Hospital Name]  
[Address]  
[Phone Number]

**Invoice #:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

## CLIENT INFORMATION

**Name:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_

## PATIENT INFORMATION

**Pet Name:** \_\_\_\_\_  
**Species/Breed:** \_\_\_\_\_  
**Weight:** \_\_\_\_\_

Description of Service / Supply	Qty	Unit Price	Total
Emergency Exam / Triage Fee			
Anesthesia & Monitoring			
Surgical Procedure: _____			
IV Fluids & Catheterization			
Medications (Analgesics/Antibiotics)			
Surgical Consumables (Sutures/Gowns)			

Description of Service / Supply	Qty	Unit Price	Total
Post-Op Recovery / Hospitalization			

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

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

Total: \$ \_\_\_\_\_

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

\_\_\_\_\_  
**SURGEON SIGNATURE**