

EXOTIC PET SURGERY DEPT.

123 Wilderness Drive, Sanctuary City
Tel: (555) 010-9876

INVOICE #: _____

DATE: _____

OWNER INFORMATION

Name: _____

Address: _____

Phone: _____

PATIENT INFORMATION

Species: _____

Name: _____

Weight: _____

Description of Surgical Services / Supplies	Qty	Unit Price	Total
Pre-Anesthetic Blood Work & Screening			
General Anesthesia (Species Specific)			
Surgical Procedure: _____			

**Description of Surgical
Services / Supplies**

Qty

Unit Price

Total

Specialized Monitoring &
Recovery

Medications / Post-Op Care
Kit

Subtotal: \$ _____

Tax: \$ _____

Total Amount Due: \$ _____

Surgeon Signature: _____

Notes: Discharge instructions and follow-up appointment details are attached. Please monitor incision site daily for signs of inflammation or irritation.