

Feline Neutering Hospital

123 Whiskers Lane
Purr City, PC 54321
Phone: (555) 012-3456

Invoice #: _____

Date: _____

Client Details:

Name: _____

Address: _____

Phone: _____

Patient Details:

Cat Name: _____

Breed/Color: _____

Age/Weight: _____

Service Description	Qty	Unit Price	Total
Pre-Anesthetic Blood Screening	_____	\$_____	\$_____
Neutering/Spay Procedure	_____	\$_____	\$_____
Anesthesia & Monitoring	_____	\$_____	\$_____
Pain Management Medication	_____	\$_____	\$_____
Post-Op Recovery Kit (E-Collar)	_____	\$_____	\$_____

Subtotal: \$ _____

Tax: \$ _____

Total Due: \$_____

Notes: _____

Thank you for trusting us with your cat's care.