

INVOICE

Practice: [Clinic/Vet Name]
[Address Line 1]
[Phone / Email]

Invoice #: _____
Date: _____

CLIENT / OWNER

[Name]
[Farm/Business Name]
[Address]
[Phone]

PATIENT / LIVESTOCK

Species: _____
ID/Tag #: _____
Weight: _____
Procedure: _____

Description of Service / Supply	Qty/Hrs	Unit Price	Total
Surgical Procedure Fee			
Anesthesia / Sedation			
Antibiotics / Medications			
Surgical Consumables (Sutures, etc.)			
Travel / Barn Call Fee			

Subtotal: \$ _____

Tax: \$ _____

GRAND TOTAL: \$ _____

Notes / Post-Op Instructions:

Payment Terms: Due upon receipt. Please make checks payable to [Clinic Name].