

AVIAN SURGICAL SPECIALISTS

[Clinic Address Line 1]
[Clinic City, State, Zip]
Phone: [000-000-0000]

INVOICE

Date: [MM/DD/YYYY]
Invoice #: [00000]

CLIENT INFORMATION

[Owner Name]
[Address]
[Phone]

PATIENT INFORMATION (AVIAN)

Name: [Bird Name]
Species: [e.g., Psittacus erithacus]
Weight: [grams]g | Leg Band/Microchip: [ID]

Service Code	Description of Procedure / Medication	Qty/Hrs	Unit Price	Total
SURG-01	Pre-Anesthetic Avian Blood Panel & Imaging	1	\$0.00	\$0.00
ANES-04	Isoflurane/Sevoflurane Anesthesia (Per 30 min)	[]	\$0.00	\$0.00
PROC-AV	[Specific Surgical Procedure Description]	1	\$0.00	\$0.00
MED-POST	Post-Op Analgesia & Supportive Care (Fluid Therapy)	1	\$0.00	\$0.00

Surgical Notes: [Surgeon Name] | [Anesthesia Recovery Notes / Post-Op Instructions]

Subtotal: \$0.00
Tax: \$0.00
Amount Due: \$0.00

Terms: Payment due upon discharge. Professional services for exotic species are non-refundable.

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