

URGENT CARE VETERINARY SURGERY

[Clinic Address]
[Phone Number]
[Email/Website]

INVOICE

Date: _____
Invoice #: _____

CLIENT INFORMATION

Name: _____
Phone: _____
Address: _____

PATIENT INFORMATION

Pet Name: _____
Species/Breed: _____
Weight: _____ Age: _____

Description of Services / Surgical Supplies	Qty/Hrs	Unit Price	Total
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Emergency Exam & Triage

Anesthesia & Monitoring

Surgical Procedure:

**Description of Services / Surgical
Supplies**

Qty/Hrs

Unit Price

Total

Operation Room Fee

IV Fluids & Medications

Post-Op Pain Management

Subtotal: \$ _____

Tax: \$ _____

Total Due: \$ _____

SURGEON NOTES & DISCHARGE INSTRUCTIONS

Payment is due at time of service. We accept Cash, Credit Cards, and CareCredit.