

# VETERINARY CARDIOLOGY SURGICAL INVOICE

Practice Name: \_\_\_\_\_

License No: \_\_\_\_\_

Invoice #: \_\_\_\_\_

Date: \_\_\_\_\_

## CLIENT INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

## PATIENT INFORMATION

Patient Name: \_\_\_\_\_

Species/Breed: \_\_\_\_\_

Weight: \_\_\_\_\_ Age: \_\_\_\_\_

## SURGICAL & PROCEDURAL SERVICES

Service Description	Quantity/Hrs	Unit Price	Total
Pre-Anesthetic Cardiac Screening (Echo/ECG)			
Anesthesia - Specialized Cardiac Monitoring			
Primary Surgical Procedure (e.g., Pacemaker, PDA)			
Cardiovascular Catheterization Supplies			
Post-Operative Intensive Care (ICU)			
Medications (Injectable/Oral)			

Subtotal: \$ \_\_\_\_\_

Tax: \$ \_\_\_\_\_

Amount Due: \$ \_\_\_\_\_

## CLINICAL NOTES / DISCHARGE INSTRUCTIONS SUMMARY

Thank you for trusting us with your pet's cardiovascular care.  
Payment is due at the time of discharge.