VETERINARY INVOICE

PRACTICE

Practice name _____

Address _____

Phone / email _____

INVOICE DETAILS

Invoice no. _____

Invoice date _____

Payment terms _____

Due date _____

BILL TO (OWNER)

Owner name _____ Phone / email _____

Address _____

Client no. _____

PET

Pet name _____ Species / breed _____

Patient no. _____ Visit date _____

Veterinarian _____

EXAMINATION AND SERVICES

Description	Qty	Unit	Rate	Amount

Services subtotal

MEDICATIONS AND PRODUCTS DISPENSED

Description	Qty	Unit	Rate	Amount

Products subtotal

HOW TO PAY

Accepted methods _____

Account name _____

Bank details _____

Payment reference _____

Subtotal

Sales tax on products, if applicable (_____%)

Amount due

REMINDERS

_____

_____

This invoice lists charges only. Medical records are kept separately.