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# INVOICE

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Invoice No: \_\_\_\_\_  
Date: \_\_\_\_\_  
Payment Due: \_\_\_\_\_

## CLIENT INFORMATION

Owner Name: \_\_\_\_\_  
Farm / Stable: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

## PATIENT / ANIMAL DESCRIPTION

Patient Name / ID: \_\_\_\_\_  
Species / Breed: \_\_\_\_\_  
Age & Sex: \_\_\_\_\_  
Color / Markings: \_\_\_\_\_  
Stall / Pen No: \_\_\_\_\_

DATE	DESCRIPTION OF SERVICES / PROCEDURES / SUPPLIES	QTY	UNIT PRICE	TOTAL AMOUNT

Notes / Treatment Recommendations:

**Subtotal:** \_\_\_\_\_

**Call-Out / Mileage Fee:** \_\_\_\_\_

**Tax:** \_\_\_\_\_

**Total Due:**

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Thank you for trusting us with your veterinary care needs. Payment is due within the terms specified on this invoice. Late payments may be subject to interest charges.

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AUTHORIZED VETERINARIAN