

EXAMINATION RECEIPT

Date: _____
Receipt No: _____

CLIENT INFORMATION

Owner Name: _____
Phone: _____
Email: _____
Address: _____

PATIENT INFORMATION

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

DESCRIPTION OF SERVICE / MEDICATION	QTY	UNIT PRICE	TOTAL AMOUNT
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Subtotal: _____

Tax / VAT: _____

Grand Total:

Amount Paid: _____

Balance Due: _____

Veterinarian Signature

Client Signature

Treatment Notes / Follow-up Care Instructions:
