

# VETERINARY SERVICES RECEIPT

Dental Office Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

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

Email: \_\_\_\_\_

Website: \_\_\_\_\_

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

Receipt #: \_\_\_\_\_

## Client Information

Name: \_\_\_\_\_ Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

## Description of Services

Services Rendered: \_\_\_\_\_

\_\_\_\_\_

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

Payment: \_\_\_\_\_ Dollars (\$ \_\_\_\_\_)

Veterinary Insurance Copayment

Self-Pay Amount

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

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

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

**Amount Due:** \_\_\_\_\_

## Summary of Charge

The Client paid the total amount of \_\_\_\_\_ Dollars (\$ \_\_\_\_\_)

in the form of (check one)  Cash  Credit (No. \_\_\_\_\_)  Check

(No. \_\_\_\_\_)  Other: \_\_\_\_\_.

**Authorized Signature** \_\_\_\_\_

