

# SAMPLE VETERINARY SERVICES RECEIPT

Office Name: **Happy Tails Animal Hospital**  
Street Address: **123 Cedar Ave.**  
City, State, Zip: **Lubbock, TX 79407**  
Phone: **555-888-4444**  
Email: **reception@happytailshospital.com**  
Website: **www.happytailshospital.com**

Date: **1/28/22**

Receipt #: **0345**

## Client Information

Name: **Eva Morrison**  
City, State, Zip: **Lubbock, TX 79410**  
Species: **Dogs (2)**  
Pet Name: **Buddy, Rex**

Street Address: **456 Tulip Lane.**  
Phone: **555-999-222**  
Breed: **Golden Retrievers**

## Description of Services

Services Rendered: **Annual physical check-ups**

Service Date: **1/28/22**

Payment: **One-hundred U.S Dollars (\$100.00)**

- Veterinary Insurance Copayment  
 Self-Pay Amount

<b>Subtotal:</b>	<b>\$100.00</b>
<b>Tax Rate:</b>	<b>N/A</b>
<b>Total Tax:</b>	<b>\$0.00</b>
<b>Amount Due:</b>	<b>100.00</b>

## Summary of Charge

The Client paid the total amount of One-hundred U.S Dollars (**\$100.00**) in the form of (check one)  Cash  Credit (No. \_\_\_\_\_)  Check (No. \_\_\_\_\_)  Other:

Authorized Signature **eva morrison**

