

# VETERINARY SERVICES RECEIPT

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** \_\_\_\_\_

