**Vet service invoice**

Tax Invoice Vat Registration # 132221

|  |  |
| --- | --- |
| Address of University Farms | Registered Veterinarian  |
| **Client’s Name:** | Transaction Date: |

|  |  |  |  |
| --- | --- | --- | --- |
| **DESCRIPTION** | **AMOUNT** | **VAT** | **TOTAL** |
| Examination |  |  |  |
| Professional services |  |  |  |
|  |  |  |  |
| Vaccination |  |  |  |
| Worming |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Sedation |  |  |  |
| Anaesthesia |  |  |  |
| Surgery |  |  |  |
| x-ray(s) |  |  |  |
| Laboratory Test |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Seen By: |  |  |  |
| METHOD OF PAYMENT TOTAL |  |  |  |
| Cash  |  |  |  |
| Card |  |  |  |

Received by: