

ANIMAL TREATMENT CHARGE REPORT FOR VETERINARY SERVICES

Clinical Number \_\_\_\_\_ Species \_\_\_\_\_ Date of Treatment \_\_\_\_\_

Investigator \_\_\_\_\_ Animal Location \_\_\_\_\_

Animal ID (non-rodent) \_\_\_\_\_ Account/Shortcode \_\_\_\_\_

Clinician/Vet Tech \_\_\_\_\_

| QUANTITY | TREATMENT<br>TYPE                    | RECHARGE<br>RATE | TOTAL |
|----------|--------------------------------------|------------------|-------|
|          | Tail Amputation, Rodent              | \$ 18.87         | = \$  |
|          | Enucleation, Rodent                  | \$ 23.89         | = \$  |
|          | Rectal Prolapse, Rodent              | \$ 23.89         | = \$  |
|          | Dehiscence Correction, Rodent        | \$ 22.00         | = \$  |
|          | Digital X-ray                        | \$ 1.00          | = \$  |
|          | Abscess Flush/Bandage Change, Rodent | \$ 28.99         | = \$  |
|          | Abscess Flush/Bandage Change, LA     | \$ 34.00         | = \$  |
|          | Vet Tech Time                        | \$ 59.13         | = \$  |
|          | Vet Tech Time Overtime (OT)          | \$ 88.70         | = \$  |
|          | Anesthesia Machine Rental            | \$ 36.18         | = \$  |
|          | Anesthesia Machine Overnight Rental  | \$ 18.08         | = \$  |

| DRUGS:   | MEDICAL SUPPLIES: |
|----------|-------------------|
| = \$     | = \$              |
| = \$     | = \$              |
| = \$     | = \$              |
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| = \$     | = \$              |
| = \$     | = \$              |
| = \$     | = \$              |
| TOTAL \$ | TOTAL \$          |

DIETARY SUPPLEMENTS:

= \$

= \$

= \$

TOTAL \$

REQUISITION TOTAL \$

ADDITIONAL COMMENTS