

# ANIMAL TREATMENT CHARGE REPORT VETERINARY TECHNICIAN

DATE OF TREATMENT \_\_\_\_\_

CLINICAL NUMBER \_\_\_\_\_ SPECIES \_\_\_\_\_

INVESTIGATOR \_\_\_\_\_ LOCATION OF ANIMAL \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ ANIMAL ID \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_ REPORTED BY \_\_\_\_\_

QUANTITY	TREATMENT TYPE	RECHARGE RATE	TOTAL
_____	ANESTHESIA MACHINE/HOUR	\$ _____	= \$ _____
_____	CAT CHECK IN	\$ _____	= \$ _____
_____	CAT/RABBIT EUTHANASIA	\$ _____	= \$ _____
_____	CAT VACCINATION	\$ _____	= \$ _____
_____	DOG CHECK IN	\$ _____	= \$ _____
_____	DOG EUTHANASIA	\$ _____	= \$ _____
_____	DOG VACCINATION	\$ _____	= \$ _____
_____	RABBITEXSANGUINATION	\$ _____	= \$ _____
_____	LARGE ANIMAL BLOOD COLLECTION	\$ _____	= \$ _____
_____	SHEEP CHECK IN	\$ _____	= \$ _____
_____	NON-HUMAN PRIMATE ANESTHESIA	\$ _____	= \$ _____
_____	NON-HUMAN PRIMATE CHECK IN	\$ _____	= \$ _____
_____	NON-HUMAN PRIMATE TB TESTING	\$ _____	= \$ _____
_____	SURGICAL PACK PREPARATION	\$ _____	= \$ _____
SMALL _____	LARGE _____ FILM SHEET X RAY	\$ _____	= \$ _____
_____	X-RAY	\$ _____	= \$ _____
_____	DEVELOPING OF X-RAY	\$ _____	= \$ _____

**DRUGS:**

\_\_\_\_\_ = \$ \_\_\_\_\_  
 \_\_\_\_\_ = \$ \_\_\_\_\_  
 \_\_\_\_\_ = \$ \_\_\_\_\_  
 \_\_\_\_\_ = \$ \_\_\_\_\_  
 \_\_\_\_\_ = \$ \_\_\_\_\_  
 \_\_\_\_\_ = \$ \_\_\_\_\_  
 \_\_\_\_\_ = \$ \_\_\_\_\_  
 \_\_\_\_\_ = \$ \_\_\_\_\_  
 \_\_\_\_\_ = \$ \_\_\_\_\_  
 \_\_\_\_\_ = \$ \_\_\_\_\_  
 \_\_\_\_\_ = \$ \_\_\_\_\_  
 \_\_\_\_\_ = \$ \_\_\_\_\_  
 \_\_\_\_\_ = \$ \_\_\_\_\_  
 \_\_\_\_\_ = \$ \_\_\_\_\_  
 \_\_\_\_\_ = \$ \_\_\_\_\_  
**TOTAL \$ \_\_\_\_\_**

**MEDICAL SUPPLIES:**

\_\_\_\_\_ = \$ \_\_\_\_\_  
 \_\_\_\_\_ = \$ \_\_\_\_\_  
 \_\_\_\_\_ = \$ \_\_\_\_\_  
 \_\_\_\_\_ = \$ \_\_\_\_\_  
 \_\_\_\_\_ = \$ \_\_\_\_\_  
 \_\_\_\_\_ = \$ \_\_\_\_\_  
 \_\_\_\_\_ = \$ \_\_\_\_\_  
 \_\_\_\_\_ = \$ \_\_\_\_\_  
 \_\_\_\_\_ = \$ \_\_\_\_\_  
 \_\_\_\_\_ = \$ \_\_\_\_\_  
 \_\_\_\_\_ = \$ \_\_\_\_\_  
 \_\_\_\_\_ = \$ \_\_\_\_\_  
 \_\_\_\_\_ = \$ \_\_\_\_\_  
 \_\_\_\_\_ = \$ \_\_\_\_\_  
 \_\_\_\_\_ = \$ \_\_\_\_\_  
 \_\_\_\_\_ = \$ \_\_\_\_\_  
**TOTAL \$ \_\_\_\_\_**

**DIETARY SUPPLEMENTS:**

\_\_\_\_\_ = \$ \_\_\_\_\_  
 \_\_\_\_\_ = \$ \_\_\_\_\_  
 \_\_\_\_\_ = \$ \_\_\_\_\_  
**TOTAL \$ \_\_\_\_\_**

VET TECHNICIAN TIME: \_\_\_\_\_ HRS. \_\_\_\_\_ MIN.  
 TOTAL \$ \_\_\_\_\_

**REQUISITION TOTAL \$ \_\_\_\_\_**

**ADDITIONAL COMMENTS:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_