



9739 North Sam Houston Parkway East
Suite 110
Humble, Texas, 77396
Ph: 281-570-4848
Fax: 281-570-4841
Email: canyonlakesvet@gmail.com

BILL TO
Rescue Texas
14606 Sutter Creek Ln
HUMBLE, TX, 77396

INVOICE 422690
DATE: 01-31-2023
DUE DATE: 01-31-2023
CUSTOMER ID: 203295
CUSTOMER #: 203295
ORDER #:
ANIMAL: Russell
CLINICAL #: 319551

DESCRIPTION	STAFF MEMBER	QTY	PRICE	DISC.(%)	DISC.(\$)	TOTAL (incl)
Rescue Canine Annual - 1yr RV, Bordetella, DHLPP	Anthony W. Briles, DVM	1	\$90.00	-0	\$0.00	\$90.00
Physical Exam	Anthony W. Briles, DVM	1	\$0.00	100	\$55.00	\$0.00
Annual DHPP	Anthony W. Briles, DVM	1	\$0.00	100	\$35.00	\$0.00
Bordetella Intranasal Annual Vaccination	Anthony W. Briles, DVM	1	\$0.00	100	\$35.00	\$0.00
Canine 1 Yr Rabies Vaccination	Anthony W. Briles, DVM	1	\$0.00	100	\$30.00	\$0.00
Rabies Tag	Anthony W. Briles, DVM	1	\$0.00	-0	\$0.00	\$0.00
Intestinal Parasite Exam - Centrifugation	Anthony W. Briles, DVM	1	\$0.00	100	\$20.00	\$0.00
Rescue SNAP Occult Heartworm Test	Anthony W. Briles, DVM	1	\$0.00	100	\$40.00	\$0.00
Preanesthetic Physical Exam	Danahit Duarte	1	\$0.00	-0	\$0.00	\$0.00
Atropine 1/120grain	Anthony W. Briles, DVM	2.7	\$0.00	100	\$27.00	\$0.00
Ketofen 100mg/mL	Anthony W. Briles, DVM	0.49	\$0.00	100	\$24.80	\$0.00
Telazol 5mg/mL Injectable (Tilzolan)	Anthony W. Briles, DVM	0.55	\$0.00	100	\$17.60	\$0.00
Anesthesia - Isoflurane Induction	Anthony W. Briles, DVM	1	\$0.00	100	\$35.00	\$0.00
Anesthesia - Isoflurane Maintenance	Anthony W. Briles, DVM	1	\$0.00	100	\$30.00	\$0.00
Cardell Anesthesia Monitor	Anthony W. Briles, DVM	1	\$0.00	100	\$20.00	\$0.00
Anesthesia Technician	Anthony W. Briles, DVM	1	\$0.00	100	\$40.00	\$0.00
Rescue Canine Castration 51-80#	Anthony W. Briles, DVM	1	\$99.00	-0	\$0.00	\$99.00
Pedicure - Routine Nail Trim	Anthony W. Briles, DVM	1	\$20.00	-0	\$0.00	\$20.00

Next Vaccination:

PAYMENT TERMS: COD

Payment in full is expected upon completion of treatment.
Administration fees and collection fees will be applied to
overdue accounts.

Bank Account:

*If you are paying by bank transfer, please note the invoice number
and/or patient surname as your reference number.*

Subtotal \$209.00
Inc. TAX \$0.00
Total \$209.00
Paid \$209.00
Due \$0.00



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