



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** 425240  
DATE: 05-30-2023  
DUE DATE: 05-30-2023  
CUSTOMER ID: 203295  
CUSTOMER #: 203295  
ORDER #:  
ANIMAL: Maverick  
CLINICAL #: 321725

DESCRIPTION	STAFF MEMBER	QTY	PRICE	DISC.(%)	DISC.(\$)	TOTAL (incl)
Preanesthetic Physical Exam	Kaitlyn Mercado	1	\$20.00	0	-\$20.00	\$20.00
Rescue Canine Castration 0-25	Anthony W. Briles, DVM	1	\$87.00	-0	\$0.00	\$87.00
Anesthesia - Isoflurane Induction	Anthony W. Briles, DVM	1	\$0.00	100	\$35.00	\$0.00
Atropine 1/120grain	Anthony W. Briles, DVM	1	\$0.00	100	\$10.00	\$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 Perioperative analgesic Inj <25#	Anthony W. Briles, DVM	1	\$0.00	100	\$10.00	\$0.00
Ketofen 100mg/mL	Anthony W. Briles, DVM	0.2	\$0.00	100	\$19.00	\$0.00
Telazol 5mg/mL Injectable (Tilzolan)	Anthony W. Briles, DVM	0.2	\$0.00	100	\$6.40	\$0.00
Rescue Annual DHLPP	Anthony W. Briles, DVM	1	\$20.00	-0	\$0.00	\$20.00
Rescue Canine 1 Year Rabies Vaccination	Anthony W. Briles, DVM	1	\$20.00	-0	\$0.00	\$20.00
Health Certificate	Anthony W. Briles, DVM	1	\$40.00	-0	\$0.00	\$40.00
Rescue Intestinal Parasite Exam - Centrifugation	Anthony W. Briles, DVM	1	\$10.00	-0	\$0.00	\$10.00
Rescue Boarding - 25# And Under	Anthony W. Briles, DVM	1	\$35.00	-0	\$0.00	\$35.00
Ponazuril 90 mg/mL	Anthony W. Briles, DVM	8	\$4.38	64.29	\$63.00	\$35.00

#### COMMENTS

There is a charge for the exam because we have not seen this patient before.

#### 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 \$267.00  
Inc. TAX \$0.00  
**Total \$267.00**  
Paid \$267.00  
**Due \$0.00**

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