and Emergency 14790 Washington Avenue San Leandro, CA 94578-4220 (510) 483-7387

Mr. & Mrs. Vincent Ho 1902 40TH Ave #3 Oakland, CA 94601 Client ID: 97151 Invoice #: 113571

Date: 1/11/2016

Patient ID: 53458 Patient Name: Chalo		Species: Canine	Weight:	Sex: Male
		Breed: Mixed	Birthday: 11/26/2015	
	<u>Description</u>	Staff Name	Quantity	<u>Total</u>
1/11/2016	Emergency Exam/ Office Visit	Ryan Wheeler, DVN	Л 1.00	\$103.00 T
	Parvo Test In Hospital		1.00	\$59.85 T
	Invoice To Date		1.00	\$0.00
			Patient Subtotal:	\$162.85
			Invoice Total:	\$162.85
		BioHazard/Me	edical Compliance :	\$2.45
			Total:	\$165.30
		Inv	oice Balance Due:	\$165.30
			Visa:	(\$60.75)
			Less Payment:	(\$60.75)
		Invo	oice Balance Due:	\$104.55
			Balance Due:	\$0.00