# **VET CARE ANIMAL HOSPITAL**

123 Main Street, Colombo, Sri Lanka

Phone: +94 11 2345678 | Email: info@vetcare.lk

# **PAYMENT RECEIPT**

Receipt #: RC202507311

#### **Patient Information**

Patient Name: Lusy

**Species/Breed:** cat/persion

**Age:** 4

Owner Name: Oshadhi Geesara

 Owner ID:
 946171957

 Owner Phone:
 0742791417

Owner Email: --

### **Appointment Details**

Appointment ID: 1

**Date & Time:** Jul 16, 2025 at 8:15 AM

**Doctor:** Dr. Roshan (General Practice)

# **Billing Details**

Description	Amount (Rs.)
Appointment Fee	1,000.00
Doctor Fee	500.00
Reports	444.00
Medications	555.00

Total Amount	Rs. 2,499.00
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### **Payment Information**

Payment Date: Jul 31, 2025

Payment Status: Paid

Payment Method: Cash

Thank you for choosing Vet Care Animal Hospital!

This is an computer generated receipt. No signature required.