

# VETERINARY CLINIC INVOICE

**Invoice Number:** 1101720

**Date:** 2025-12-02 10:13:58

**Owner Name:** David Lee

**Payment Method:** Insurance

Item/Service	Quantity	Unit Price	Total
Consultation Fee	1	\$47.02	\$47.02
Rabies Vaccine	1	\$50.00	\$50.00

**TOTAL:** \$97.02