

# VETERINARY CLINIC INVOICE

**Invoice Number:** 501515

**Date:** 2025-11-26 10:13:40

**Owner Name:** Sarah Wilson

**Payment Method:** Cash

Item/Service	Quantity	Unit Price	Total
Consultation Fee	1	\$52.73	\$52.73
Distemper Vaccine	1	\$60.00	\$60.00

**TOTAL:** \$112.73