

# VETERINARY CLINIC INVOICE

Invoice Number: 101188  
Date: 2025-11-22 10:12:36  
Owner Name: David Lee  
Payment Method: Insurance

| Item/Service      | Quantity | Unit Price | Total   |
|-------------------|----------|------------|---------|
| Consultation Fee  | 1        | \$46.03    | \$46.03 |
| Anti-Inflammatory | 1        | \$32.40    | \$32.40 |

TOTAL: \$78.43