

# VETERINARY CLINIC INVOICE

Invoice Number: 206371  
Date: 2025-11-23 10:12:50  
Owner Name: Mike Brown  
Payment Method: Card

| Item/Service     | Quantity | Unit Price | Total   |
|------------------|----------|------------|---------|
| Consultation Fee | 1        | \$66.24    | \$66.24 |
| Surgical Gloves  | 1        | \$4.50     | \$4.50  |

TOTAL: **\$70.74**