

VETERINARY CLINIC INVOICE

Invoice Number: 907423

Date: 2025-11-30 10:13:52

Owner Name: Mike Brown

Payment Method: Card

Item/Service	Quantity	Unit Price	Total
Consultation Fee	1	\$46.40	\$46.40
Rabies Vaccine	1	\$50.00	\$50.00
Syringe 5ml	2	\$1.50	\$3.00

TOTAL: \$99.40