

# VETERINARY CLINIC INVOICE

**Invoice Number:** 103486

**Date:** 2025-11-22 10:12:36

**Owner Name:** Mike Brown

**Payment Method:** Cash

Item/Service	Quantity	Unit Price	Total
Consultation Fee	1	\$75.17	\$75.17
Antibiotic Pills	1	\$27.00	\$27.00

**TOTAL:** \$102.17