

# VETERINARY CLINIC INVOICE

**Invoice Number:** 1001916

**Date:** 2025-12-01 10:13:56

**Owner Name:** Mary Johnson

**Payment Method:** Card

Item/Service	Quantity	Unit Price	Total
Consultation Fee	1	\$60.76	\$60.76
Parvovirus Vaccine	1	\$56.00	\$56.00

**TOTAL:** \$116.76