

# VETERINARY CLINIC INVOICE

**Invoice Number:** 601900

**Date:** 2025-11-27 10:13:42

**Owner Name:** David Lee

**Payment Method:** Cash

Item/Service	Quantity	Unit Price	Total
Consultation Fee	1	\$32.77	\$32.77
Parvovirus Vaccine	1	\$56.00	\$56.00
Bandages	2	\$6.00	\$12.00

**TOTAL:** \$100.77