

VETERINARY CLINIC INVOICE

Invoice Number: 802430
Date: 2025-11-29 10:13:50
Owner Name: John Smith
Payment Method: Card

Item/Service	Quantity	Unit Price	Total
Consultation Fee	1	\$46.55	\$46.55
Distemper Vaccine	1	\$60.00	\$60.00

TOTAL: **\$106.55**