

VETERINARY CLINIC INVOICE

Invoice Number: 1104352

Date: 2025-12-02 10:13:58

Owner Name: Sarah Wilson

Payment Method: Insurance

Item/Service	Quantity	Unit Price	Total
Consultation Fee	1	\$34.29	\$34.29
Syringe 5ml	2	\$1.50	\$3.00

TOTAL: \$37.29