

VETERINARY CLINIC INVOICE

Invoice Number: 1004948
Date: 2025-12-01 10:13:56
Owner Name: John Smith
Payment Method: Insurance

| Item/Service | Quantity | Unit Price | Total |
|-------------------|----------|------------|---------|
| Consultation Fee | 1 | \$39.08 | \$39.08 |
| Distemper Vaccine | 1 | \$60.00 | \$60.00 |

TOTAL: \$99.08