

VETERINARY CLINIC INVOICE

Invoice Number: 502427

Date: 2025-11-26 10:13:40

Owner Name: Mike Brown

Payment Method: Insurance

Item/Service	Quantity	Unit Price	Total
Consultation Fee	1	\$45.43	\$45.43
Distemper Vaccine	1	\$60.00	\$60.00

TOTAL:

\$105.43