

# VETERINARY CLINIC INVOICE

**Invoice Number:** 705929

**Date:** 2025-11-28 10:13:48

**Owner Name:** Sarah Wilson

**Payment Method:** Card

Item/Service	Quantity	Unit Price	Total
Consultation Fee	1	\$74.80	\$74.80
Distemper Vaccine	1	\$60.00	\$60.00
Bandages	1	\$6.00	\$6.00

**TOTAL:** \$140.80