

VETERINARY CLINIC INVOICE

Invoice Number: 1002704
Date: 2025-12-01 10:13:56
Owner Name: Sarah Wilson
Payment Method: Card

Item/Service	Quantity	Unit Price	Total
Consultation Fee	1	\$35.73	\$35.73
Distemper Vaccine	1	\$60.00	\$60.00

TOTAL: \$95.73