

VETERINARY CLINIC INVOICE

Invoice Number: 307137
Date: 2025-11-24 10:12:52
Owner Name: Sarah Wilson
Payment Method: Card

Item/Service	Quantity	Unit Price	Total
Consultation Fee	1	\$60.25	\$60.25
Parvovirus Vaccine	1	\$56.00	\$56.00
Pain Relief	1	\$36.00	\$36.00
Surgical Gloves	1	\$4.50	\$4.50

TOTAL: **\$156.75**