

# VETERINARY CLINIC INVOICE

**Invoice Number:** 802430

**Date:** 2025-11-29 10:13:50

**Owner Name:** John Smith

**Payment Method:** Card

Item/Service	Quantity	Unit Price	Total
Consultation Fee	1	\$46.55	\$46.55
Distemper Vaccine	1	\$60.00	\$60.00

**TOTAL:** \$106.55