

VETERINARY CLINIC INVOICE

Invoice Number: 1101720
Date: 2025-12-02 10:13:58
Owner Name: David Lee
Payment Method: Insurance

Item/Service	Quantity	Unit Price	Total
Consultation Fee	1	\$47.02	\$47.02
Rabies Vaccine	1	\$50.00	\$50.00

TOTAL: \$97.02