

# VETERINARY CLINIC INVOICE

**Invoice Number:** 606773

**Date:** 2025-11-27 10:13:42

**Owner Name:** Emma Davis

**Payment Method:** Cash

Item/Service	Quantity	Unit Price	Total
Consultation Fee	1	\$56.96	\$56.96
Rabies Vaccine	1	\$50.00	\$50.00
Anti-Inflammatory	1	\$32.40	\$32.40

**TOTAL:** \$139.36