

VETERINARY CLINIC INVOICE

Invoice Number: 801718
Date: 2025-11-29 10:13:50
Owner Name: Mike Brown
Payment Method: Insurance

Item/Service	Quantity	Unit Price	Total
Consultation Fee	1	\$37.32	\$37.32
Syringe 5ml	1	\$1.50	\$1.50

TOTAL: **\$38.82**