

VETERINARY CLINIC INVOICE

Invoice Number: 704586

Date: 2025-11-28 10:13:48

Owner Name: David Lee

Payment Method: Insurance

Item/Service	Quantity	Unit Price	Total
Consultation Fee	1	\$32.98	\$32.98
Anti-Inflammatory	3	\$32.40	\$97.20

TOTAL: \$130.18