

# VETERINARY CLINIC INVOICE

**Invoice Number:** 403895

**Date:** 2025-11-25 10:13:34

**Owner Name:** Emma Davis

**Payment Method:** Card

Item/Service	Quantity	Unit Price	Total
Consultation Fee	1	\$69.07	\$69.07
Distemper Vaccine	1	\$60.00	\$60.00
Pain Relief	2	\$36.00	\$72.00

**TOTAL:** \$201.07