

VETERINARY CLINIC INVOICE

Invoice Number: 1104352
Date: 2025-12-02 10:13:58
Owner Name: Sarah Wilson
Payment Method: Insurance

Item/Service	Quantity	Unit Price	Total
Consultation Fee	1	\$34.29	\$34.29
Syringe 5ml	2	\$1.50	\$3.00

TOTAL: **\$37.29**