

# VETERINARY CLINIC INVOICE

Invoice Number: 1203197

Date: 2025-12-03 10:14:00

Owner Name: David Lee

Payment Method: Cash

Item/Service	Quantity	Unit Price	Total
Consultation Fee	1	\$43.25	\$43.25
Rabies Vaccine	1	\$50.00	\$50.00
Anti-Inflammatory	1	\$32.40	\$32.40
Surgical Gloves	2	\$4.50	\$9.00

**TOTAL:** \$134.65