

# VETERINARY CLINIC INVOICE

**Invoice Number:** 303591

**Date:** 2025-11-24 10:12:52

**Owner Name:** Emma Davis

**Payment Method:** Cash

Item/Service	Quantity	Unit Price	Total
Consultation Fee	1	\$30.00	\$30.00
Parvovirus Vaccine	1	\$56.00	\$56.00

**TOTAL:** \$86.00