

VETERINARY CLINIC INVOICE

Invoice Number: 903483
Date: 2025-11-30 10:13:52
Owner Name: David Lee
Payment Method: Insurance

Item/Service	Quantity	Unit Price	Total
Consultation Fee	1	\$65.25	\$65.25
Anti-Inflammatory	3	\$32.40	\$97.20

TOTAL: \$162.45