

# VETERINARY CLINIC INVOICE

**Invoice Number:** 502427

**Date:** 2025-11-26 10:13:40

**Owner Name:** Mike Brown

**Payment Method:** Insurance

Item/Service	Quantity	Unit Price	Total
Consultation Fee	1	\$45.43	\$45.43
Distemper Vaccine	1	\$60.00	\$60.00

**TOTAL:** \$105.43