

# VETERINARY CLINIC INVOICE

Invoice Number: 302425  
Date: 2025-11-24 10:12:52  
Owner Name: Mary Johnson  
Payment Method: Insurance

Item/Service	Quantity	Unit Price	Total
Consultation Fee	1	\$63.95	\$63.95
Rabies Vaccine	1	\$50.00	\$50.00
Pain Relief	3	\$36.00	\$108.00
Syringe 5ml	2	\$1.50	\$3.00

TOTAL: \$224.95