

VETERINARY CLINIC INVOICE

Invoice Number: 705929
Date: 2025-11-28 10:13:48
Owner Name: Sarah Wilson
Payment Method: Card

Item/Service	Quantity	Unit Price	Total
Consultation Fee	1	\$74.80	\$74.80
Distemper Vaccine	1	\$60.00	\$60.00
Bandages	1	\$6.00	\$6.00

TOTAL: **\$140.80**