

VETERINARY CLINIC INVOICE

Invoice Number: 604953
Date: 2025-11-27 10:13:42
Owner Name: John Smith
Payment Method: Card

| Item/Service | Quantity | Unit Price | Total |
|------------------|----------|------------|---------|
| Consultation Fee | 1 | \$36.51 | \$36.51 |
| Rabies Vaccine | 1 | \$50.00 | \$50.00 |
| Bandages | 1 | \$6.00 | \$6.00 |

TOTAL: \$92.51