

# VETERINARY CLINIC INVOICE

**Invoice Number:** 803451

**Date:** 2025-11-29 10:13:50

**Owner Name:** Sarah Wilson

**Payment Method:** Cash

Item/Service	Quantity	Unit Price	Total
Consultation Fee	1	\$40.92	\$40.92
Antibiotic Pills	3	\$27.00	\$81.00
Bandages	1	\$6.00	\$6.00

**TOTAL:** \$127.92