

VETERINARY CLINIC INVOICE

Invoice Number: 306456
Date: 2025-11-24 10:12:52
Owner Name: Sarah Wilson
Payment Method: Insurance

Item/Service	Quantity	Unit Price	Total
Consultation Fee	1	\$60.61	\$60.61
Distemper Vaccine	1	\$60.00	\$60.00

TOTAL: **\$120.61**