

VETERINARY CLINIC INVOICE

Invoice Number: 205417
Date: 2025-11-23 10:12:50
Owner Name: Mike Brown
Payment Method: Insurance

| Item/Service | Quantity | Unit Price | Total |
|------------------|----------|------------|---------|
| Consultation Fee | 1 | \$70.82 | \$70.82 |
| Bandages | 1 | \$6.00 | \$6.00 |

TOTAL: \$76.82