

# VETERINARY CLINIC INVOICE

**Invoice Number:** 406251

**Date:** 2025-11-25 10:13:34

**Owner Name:** Emma Davis

**Payment Method:** Card

Item/Service	Quantity	Unit Price	Total
Consultation Fee	1	\$79.52	\$79.52
Distemper Vaccine	1	\$60.00	\$60.00
Surgical Gloves	1	\$4.50	\$4.50

**TOTAL:** \$144.02