

VETERINARY CLINIC INVOICE

Invoice Number: 301710
Date: 2025-11-24 10:12:52
Owner Name: Mary Johnson
Payment Method: Cash

Item/Service	Quantity	Unit Price	Total
Consultation Fee	1	\$35.25	\$35.25
Rabies Vaccine	1	\$50.00	\$50.00
Antibiotic Pills	1	\$27.00	\$27.00

TOTAL:

\$112.25