

VETERINARY CLINIC INVOICE

Invoice Number: 308127
Date: 2025-11-24 10:12:52
Owner Name: Mary Johnson
Payment Method: Insurance

Item/Service	Quantity	Unit Price	Total
Consultation Fee	1	\$43.43	\$43.43
Rabies Vaccine	1	\$50.00	\$50.00
Pain Relief	1	\$36.00	\$36.00

TOTAL: **\$129.43**