

# VETERINARY CLINIC INVOICE

**Invoice Number:** 1002704

**Date:** 2025-12-01 10:13:56

**Owner Name:** Sarah Wilson

**Payment Method:** Card

Item/Service	Quantity	Unit Price	Total
Consultation Fee	1	\$35.73	\$35.73
Distemper Vaccine	1	\$60.00	\$60.00

**TOTAL:** \$95.73