

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**