

# VETERINARY CLINIC INVOICE

Invoice Number: 605454  
Date: 2025-11-27 10:13:42  
Owner Name: David Lee  
Payment Method: Insurance

Item/Service	Quantity	Unit Price	Total
Consultation Fee	1	\$49.46	\$49.46
Pain Relief	3	\$36.00	\$108.00

TOTAL: \$157.46