

# VETERINARY CLINIC INVOICE

**Invoice Number:** 703685

**Date:** 2025-11-28 10:13:48

**Owner Name:** David Lee

**Payment Method:** Card

Item/Service	Quantity	Unit Price	Total
Consultation Fee	1	\$42.06	\$42.06
Parvovirus Vaccine	1	\$56.00	\$56.00
Antibiotic Pills	1	\$27.00	\$27.00
Syringe 5ml	2	\$1.50	\$3.00

**TOTAL:** \$128.06