

# VETERINARY CLINIC INVOICE

**Invoice Number:** 904948

**Date:** 2025-11-30 10:13:52

**Owner Name:** Mary Johnson

**Payment Method:** Cash

| Item/Service     | Quantity | Unit Price | Total    |
|------------------|----------|------------|----------|
| Consultation Fee | 1        | \$44.06    | \$44.06  |
| Pain Relief      | 3        | \$36.00    | \$108.00 |

**TOTAL:** \$152.06