

# VETERINARY CLINIC INVOICE

**Invoice Number:** 901599

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

**Owner Name:** Emma Davis

**Payment Method:** Cash

Item/Service	Quantity	Unit Price	Total
Consultation Fee	1	\$64.54	\$64.54
Antibiotic Pills	3	\$27.00	\$81.00

**TOTAL:** \$145.54