

VETERINARY CLINIC INVOICE

Invoice Number: 403895
Date: 2025-11-25 10:13:34
Owner Name: Emma Davis
Payment Method: Card

| Item/Service | Quantity | Unit Price | Total |
|-------------------|----------|------------|---------|
| Consultation Fee | 1 | \$69.07 | \$69.07 |
| Distemper Vaccine | 1 | \$60.00 | \$60.00 |
| Pain Relief | 2 | \$36.00 | \$72.00 |

TOTAL: **\$201.07**