

# VETERINARY CLINIC INVOICE

Invoice Number: 501515  
Date: 2025-11-26 10:13:40  
Owner Name: Sarah Wilson  
Payment Method: Cash

Item/Service	Quantity	Unit Price	Total
Consultation Fee	1	\$52.73	\$52.73
Distemper Vaccine	1	\$60.00	\$60.00

TOTAL: \$112.73