

VETERINARY CLINIC INVOICE

Invoice Number: 402102
Date: 2025-11-25 10:13:34
Owner Name: David Lee
Payment Method: Cash

| Item/Service | Quantity | Unit Price | Total |
|------------------|----------|------------|---------|
| Consultation Fee | 1 | \$64.05 | \$64.05 |

TOTAL:

\$64.05