

VETERINARY CLINIC INVOICE

Invoice Number: 404278
Date: 2025-11-25 10:13:34
Owner Name: Emma Davis
Payment Method: Cash

| Item/Service | Quantity | Unit Price | Total |
|------------------|----------|------------|---------|
| Consultation Fee | 1 | \$74.73 | \$74.73 |
| Rabies Vaccine | 1 | \$50.00 | \$50.00 |
| Syringe 5ml | 2 | \$1.50 | \$3.00 |

TOTAL: **\$127.73**