

VETERINARY CLINIC INVOICE

Invoice Number: 102699
Date: 2025-11-22 10:12:36
Owner Name: Mike Brown
Payment Method: Card

Item/Service	Quantity	Unit Price	Total
Consultation Fee	1	\$56.68	\$56.68
Parvovirus Vaccine	1	\$56.00	\$56.00
Pain Relief	3	\$36.00	\$108.00

TOTAL:

\$220.68