

# VETERINARY CLINIC INVOICE

Invoice Number: 503614  
Date: 2025-11-26 10:13:40  
Owner Name: Sarah Wilson  
Payment Method: Card

Item/Service	Quantity	Unit Price	Total
Consultation Fee	1	\$54.50	\$54.50
Distemper Vaccine	1	\$60.00	\$60.00
Surgical Gloves	2	\$4.50	\$9.00

TOTAL: **\$123.50**