

# WILDLIFE CONTROL INVOICE

Company Name  
123 Nature Way  
City, State, Zip  
Phone: (555) 000-0000

**Invoice #:** \_\_\_\_\_  
**Date:** \_\_\_\_\_  
**Due Date:** \_\_\_\_\_

## CLIENT INFORMATION

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

## INCIDENT DETAILS

Species: \_\_\_\_\_  
Location: \_\_\_\_\_  
Method: \_\_\_\_\_

Service / Material Description	Qty	Unit Price	Amount
Initial Inspection & Assessment			
Trapping / Removal Setup			
Exclusion / Entry Point Repair			

**Service / Material Description**

**Qty**

**Unit Price**

**Amount**

Sanitation / Decontamination

Subtotal:\$ \_\_\_\_\_

Tax:\$ \_\_\_\_\_

Total Amount:\$ \_\_\_\_\_

**Notes / Terms:**

All animals are handled according to local wildlife regulations. Warranty on exclusion work: \_\_\_\_\_ months. Please make checks payable to \_\_\_\_\_.