DOG WALKING CO.

123 Canine Lane
City, State, Zip
contact@agency.com

INVOICE

No: #_____
Date: _____

BILL TO:

Client Name: _____
Address: _____
Dog's Name: _____

PAYMENT INFO:

Due Date: _____
Payment Method: _____

Date	Service Description	Duration	Rate	Total

Date	Service Description	Duration	Rate	Total

Subtotal: $_____
Taxes: $_____

Total Amount: $_____

Notes:

Thank you for choosing Dog Walking Co. for your pet care needs! Please make checks payable to the agency name above.