[Business Name]

[Street Address]
[City, State, Zip]
[Phone Number]
[Email/Website]

INVOICE

Invoice #: _____

Date: _____

BILL TO:

[Client Name]
[Pet Name(s)]
[Address]
[Phone]

PAYMENT TERMS:

Due Date: _____
Payment Method: _____

Date	Service Description (Walk/Sitting/Visit)	Duration	Rate	Amount

Subtotal: $_____

Tax/Fees: $_____

Total Balance Due: $_____

Notes: [Insert notes regarding pet behavior, supplies needed, or thank you message]

Please make checks payable to: **[Business Name]**