INVOICE

EMERGENCY PET SITTING SERVICE

Invoice #: _____
Date: _____

Provider Details:
[Business Name]
[Phone Number]
[Email Address]
Client Details:
[Client Name]
[Pet Name(s) / Species]
[Emergency Contact]

Description of Service	Rate/Hour	Qty/Hours	Total
Emergency Call-Out Fee (Short Notice)	$		$
Urgent Care / Supervision	$		$
Overnight Care (If applicable)	$		$
Medication Administration / Specialized Care	$		$

Subtotal: $_____

Taxes: $_____

Grand Total: $_____

Payment Instructions:
Please remit payment via [Payment Method] within [Number] days.

Thank you for trusting us with your pet's care during this urgent time.