INVOICE

Pet Sitter Name/Business

Invoice #: _____

Date: _____

Client Information:

Name: _____

Address: _____

Phone: _____

Pet Information:

Pet Name(s): _____

Breed/Type: _____

Emergency Contact: _____

Service Description (Dates/Nights)	Rate per Night	Qty/Nights	Total
Overnight Care (Check-in: ___ Check-out: ___)	$		$
Additional Pet Fee	$		$
Special Requirements (Medication/Holiday Surcharge)	$		$

Subtotal: $_____

Tax: $_____

Balance Due: $_____

Payment Terms:

Please make payment via: [Cash / Check / Venmo / Zelle]

Notes: Thank you for trusting me with your furry family members!