INVOICE

[Invoice Number]

[Your Pet Sitting Business Name]

[Your Address / Contact Info]

BILL TO:

[Client Name]
[Client Address]
[Client Phone Number]

BOOKING DETAILS:

Issue Date: [Date]
Service Date(s): [Start Date] - [End Date]
Pet Name(s): [Names]

Description	Quantity	Unit Price	Total
Non-Refundable Booking/Reservation Fee	1	$0.00	$0.00
Pet Sitting Service Deposit	1	$0.00	$0.00

Total Amount Due: $0.00

Payment Terms: Please remit payment within [X] days. This booking fee is required to secure your requested dates.

Cancellation Policy: [Brief mention of policy regarding the booking fee].

Thank you for trusting me with your pets!