INVOICE

[Your Business Name]
[Address Line 1]
[City, State, Zip]
[Phone Number]

Date: _____
Invoice #: _____

BILL TO:
[Client Name]
[Client Address]
[Pet Name(s)]

SERVICE PERIOD:
[Start Date] to [End Date]

Service Description	Qty/Days	Rate	Amount
[Service Name: e.g., Overnight Sitting]		$	$
[Service Name: e.g., Mid-day Walks]		$	$
[Service Name: e.g., Medication Admin]		$	$

Subtotal: $_____
Tax/Fees: $_____
TOTAL DUE: $_____

Payment Instructions:
Please make payments payable to **[Business Name]**.
Accepted methods: [Cash, Check, Venmo, Credit Card]

Thank you for trusting us with your furry family members!