INVOICE

Cat Grooming Services
123 Feline Lane, Meow City

Date: _____
Invoice #: _____

Client Information:
Name: _____
Phone: _____
Pet Information:
Cat Name: _____
Breed: _____

Service Description	Qty	Rate	Amount
Full Groom (Bath, Brush, Nails)			
Sanitary Trim / Lion Cut			
Ear Cleaning / De-shedding			

Subtotal: $_____
Tax: $_____
Total Amount Due: $_____

Notes: _____

Thank you for choosing our grooming services for your feline friend!