

PET GROOMING INVOICE

Invoice #: _____

Date: _____

[Business Name]

[Address Line 1]

[Phone Number]

[Email/Website]

CLIENT INFORMATION

[Owner Name]

[Address]

[Phone]

[Email]

PET INFORMATION

Name: _____ Breed: _____ Weight: _____ Coat Type: _____

Temperament/Notes: _____

Service Description	Qty/Hrs	Unit Price	Total
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Primary Grooming Package

(Bath, Haircut, Sanitary Trim, Ear Cleaning)

Add-on: Nail Grinding/Dremel

Add-on: Teeth Brushing

Specialty Shampoo/Conditioner

(De-shedding / Medicated / Hypoallergenic)

Service Description

Qty/Hrs

Unit Price

Total

Dematting Fee / Handling Fee

Subtotal: \$ _____

Tax: \$ _____

Discount: (\$ _____)

Total Amount: \$ _____

PAYMENT INFORMATION

Payment Method: Cash Card Other: _____

Due Date: Upon Completion

Thank you for trusting us with your furry friend!

Terms: All pets must be up to date on vaccinations. Cancellations require 24-hour notice.