

INVOICE

Pet Grooming Business Name

Street Address

City, State, Zip

Phone / Email

Date: _____

Invoice #: _____

Client Info:

Name: _____

Phone: _____

Pet Info:

Pet Name: _____

Breed: _____

| Service Description | Qty | Rate | Amount |
|-----------------------------------|-----|------|--------|
| Full Groom (Bath, Haircut, Nails) | | | |
| Teeth Brushing / Breath Freshener | | | |
| De-Shedding Treatment | | | |
| Specialty Shampoo / Conditioner | | | |
| Other: _____ | | | |

Subtotal: \$ _____

Tax: \$ _____

Total Amount: \$ _____

Thank you for choosing us for your pet's spa day!

Payment is due upon completion of services.