

INVOICE

Business Name: [Your Business Name]

Phone: [Phone Number]

Invoice #: [0000]

Date: [MM/DD/YYYY]

BILL TO:

[Client Name]

[Address]

[Phone Number]

PET DETAILS:

Pet Name: [Name]

Breed: [Breed]

Frequency: [Weekly/Monthly]

| Service Date | Description | Rate | Amount |
|--------------|--|--------|--------|
| [Date] | Recurring Grooming Session (Full Cut & Bath) | \$0.00 | \$0.00 |
| [Date] | Nail Trimming / Ear Cleaning Add-on | \$0.00 | \$0.00 |
| [Date] | Specialty Shampoo / Treatment | \$0.00 | \$0.00 |

Subtotal: \$0.00

Tax: \$0.00

Total Due: \$0.00

Payment Terms: Due upon receipt.

Note: This is a recurring service. Your next scheduled grooming appointment is on [Next Date].