

# INVOICE

**[Service Provider Name]**

[Address Line 1]

[City, State, Zip]

[Phone Number]

**Invoice #:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## CLIENT DETAILS

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**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

## PET INFORMATION

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**Pet Name:** \_\_\_\_\_

**Breed:** \_\_\_\_\_

**Notes:** \_\_\_\_\_

Service Description	Price
Full Groom (Bath, Cut, Nails, Ears)	\$ _____
De-shedding Treatment	\$ _____
Teeth Brushing / Breath Spray	\$ _____

Service Description	Price
Specialty Shampoo/Conditioner	\$ _____
Mobile/Travel Fee	\$ _____
Other: _____	\$ _____
Subtotal: \$ _____	
Tax: \$ _____	
<b>Total Amount: \$ _____</b>	

**Payment Method:**  Cash  Check  Card  App

Thank you for trusting us with your furry friend! Payment is due upon completion of services.