

INVOICE

[Business Name]
[Address Line 1]
[Phone Number]

Date: _____
Invoice #: _____

Client Information:

Name: _____
Phone: _____

Pet Information:

Name: _____
Breed: _____

Service Description	Price
Full Grooming (Bath, Haircut, Nails)	\$
De-shedding Treatment	\$
Teeth Brushing	\$
Specialty Shampoo/Conditioner	\$
Other: _____	\$

Subtotal: \$ _____

Tax: \$ _____

Total Amount: \$ _____

Thank you for choosing [Business Name] for your pet's care!

Payment due upon completion of services.