

PET GROOMING

[Business Name]

[Address Line 1]

[Phone Number]

INVOICE

Date: _____

Invoice #: _____

CLIENT / PET INFO:

Owner: _____

Pet Name: _____

Breed: _____

Service Description	Qty	Rate	Amount
Full Grooming (Bath, Haircut, Nails)			
De-Shedding Treatment			
Teeth Brushing / Ear Cleaning			

Subtotal: _____

Tax: _____

Total: \$ _____

Notes:

Thank you for trusting us with your furry friend! Payment is due upon receipt.