GROOMING INVOICE

[Business Name]
[Street Address]
[City, State, Zip]
[Phone Number]

Invoice #: _____
Date: _____
Due Date: _____

CLIENT INFORMATION

[Client Name]
[Client Address]
[Client Phone]
[Client Email]

PET DETAILS

Name: _____
Breed: _____
Weight: _____ **Age:** _____
Notes: _____

Service / Item Description	Qty	Unit Price	Amount
Full Grooming Package (Bath, Haircut, Nails, Ears)			
De-shedding Treatment			

Service / Item Description	Qty	Unit Price	Amount
Teeth Brushing			
Specialty Shampoo/Conditioner			
Dematting Fee / Behavioral Handling			
Retail Item: [_____]			

Subtotal: $ _____
Tax: $ _____
Discount: ($ _____)
Total: $ _____

TERMS & NOTES

Payment is due upon completion of services. We accept Cash, Credit Cards, and Digital Payments.

Groomer Signature: _____ **Date:** _____

Thank you for choosing us for your pet's care!