INVOICE

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

Invoice #: [000]
Date: [MM/DD/YYYY]

Client Information

Name: _____
Phone: _____
Email: _____

Pet Information

Pet Name: _____
Breed: _____
Weight: _____

Service Description	Qty	Price	Total
Full Groom (Cut, Wash, Nails)		$	$
Bath & Brush Only		$	$
Teeth Brushing / Ear Cleaning		$	$
De-Shedding Treatment		$	$

Subtotal: $_____

Tax: $_____

Amount Due: $_____

Thank you for choosing [Business Name]!

Payment is due upon completion of services.