INVOICE

Business Name: _____

Phone: _____

Email: _____

INVOICE #: _____

DATE: _____

CLIENT INFORMATION

Owner Name: _____

Address: _____

Phone: _____

PET INFORMATION

Pet Name: _____

Breed/Size: _____

Coat Condition: _____

Service Description	Qty	Price	Total
Full Grooming Package (Bath, Haircut, Nails)	____	$____	$____
De-shedding Treatment	____	$____	$____

Service Description	Qty	Price	Total
Teeth Brushing / Ear Cleaning	____	$____	$____
Specialty Shampoo / Flea Treatment	____	$____	$____
Dematting Fee / Handling Fee	____	$____	$____

Subtotal: $_____

Tax: $_____

Grand Total: $_____

NOTES & HEALTH OBSERVATIONS:

_____

_____

Thank you for trusting us with your furry friend!