[Business Name]

[Address Line 1]
[City, State, Zip]
[Phone Number]

INVOICE

Date: [Date]
Invoice #: [0000]

Client Information:

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

Pet Information:

Name: [Pet Name]
Breed: [Breed]
Weight: [Weight]

Service Description	Qty	Rate	Amount
[Grooming Package Name]	1	$0.00	$0.00
[Add-on Service / Treatment]	1	$0.00	$0.00
[Extra Charge / Matting Fee]	1	$0.00	$0.00

Subtotal: $0.00
Tax: $0.00

Total: $0.00

Notes / Special Care Instructions: [Enter notes here]

Thank you for trusting us with your furry friend!