INVOICE

Long Term Boarding Deposit

Date:
Invoice #:

FACILITY INFORMATION
Name:

Phone:

Email:

CLIENT INFORMATION
Owner Name:

Cat Name(s):

Contact:

STAY DETAILS
Check-in Date:
Estimated Check-out:

Description	Rate/Unit	Qty/Days	Total
Long Term Boarding Base Rate			
Extended Stay Discount (if applicable)			
Special Care / Medical Administration			

Estimated Total Stay Cost: $_____

DEPOSIT DUE NOW (50%): $_____

NOTES & TERMS

â€¢ Deposit is required to secure the long-term suite reservation.
â€¢ Balance is due upon check-out or on a monthly recurring basis.
â€¢ Cancellation policy applies as per the boarding agreement.

Authorized Signature: _____

Client Signature: _____

Thank you for choosing us to care for your cat!