INVOICE

Deposit Request: Long-Term Stay

[Business Name]
[Address Line 1]
[Phone / Email]

CLIENT & PET INFORMATION

[Owner Name]
Pet Name: [Pet Name]
Breed/Type: [Breed]
Emergency Contact: [Contact]

STAY DETAILS

Check-in: [Date]
Check-out: [Date]
Total Nights: [Number]
Invoice #: [0000]

Description	Rate	Qty/Days	Total
Long-Stay Boarding Suite	$0.00	0	$0.00
Extended Care Package (Exercise/Grooming)	$0.00	0	$0.00
Medication Administration / Special Diet	$0.00	0	$0.00

Estimated Grand Total: $0.00
Deposit Percentage: 0%

DEPOSIT DUE NOW: $0.00

Terms & Conditions:

A deposit is required to secure long-term boarding reservations. This deposit will be applied to the final balance upon check-out. Cancellations made less than [Number] days prior to arrival may result in forfeiture of the deposit.

Remaining balance of $[0.00] is due upon check-out.