LONG STAY DEPOSIT INVOICE

Reference: #_____

[Corporate Pet Boarding Name]
[Street Address]
[City, State, Zip]
[Tax ID / Business Number]

CLIENT INFORMATION

[Client Name / Corporate Account]
[Billing Address]
[Phone Number]
[Email Address]

STAY DETAILS

Pet Name: [Pet Name(s)]
Check-in: [Date]
Check-out: [Date]
Duration: [Total Nights] Nights

Service Description	Rate/Night	Qty/Nights	Total Amount
Long Stay Boarding Fee (Projected)	$0.00	0	$0.00
Extended Care Amenities Package	$0.00	0	$0.00
Mandatory Long-Stay Insurance	$0.00	1	$0.00

Estimated Total: $0.00
Required Deposit (%) : 0%

DEPOSIT DUE: $0.00

TERMS & CONDITIONS

This deposit is required to secure the reservation for stays exceeding 14 days. The deposit will be applied to the final invoice upon checkout. Cancellations made less than 72 hours prior to check-in may result in forfeiture of the deposit. Full payment of the remaining balance is due upon pet collection.

PAYMENT STATUS: PENDING