DEPOSIT INVOICE

Long-Term Boarding Services

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

BILL TO:
[Client Name]
[Client Phone]
[Client Email]

Invoice #: [0000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

PET DETAILS:
Name: [Dog Name] | Breed: [Breed] | Estimated Stay: [Start Date] to [End Date]

Description	Total Estimated Cost	Deposit (%)	Amount Due
Long-Term Boarding Security Deposit	$0.00	0%	$0.00
Initial Supply/Medication Fee (if applicable)	-	-	$0.00
		TOTAL DEPOSIT DUE:	**$0.00**

Payment Methods: [Cash / Check / Credit Card / Bank Transfer]
Terms: This deposit is required to secure the long-term boarding slot. Deposits are [Refundable/Non-refundable] as per the signed Boarding Agreement. Remaining balance is due upon pet pickup or on a pre-arranged monthly billing cycle.