DEPOSIT INVOICE

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

Invoice #: [0000]
Date: [Date]
Due Date: [Date]

CLIENT INFORMATION

[Owner Name]
[Phone Number]
[Emergency Contact]

PET DETAILS

Name: [Pet Name]
Breed/Species: [Breed]
Stay Duration: [Check-in] to [Check-out]

Description	Rate	Qty/Days	Total
Extended Stay Boarding Fees (Projected)	$0.00	0	$0.00
Special Care / Medication Administration	$0.00	0	$0.00
Mandatory Cleaning/Grooming Fee	$0.00	1	$0.00

Projected Grand Total: $0.00

Required Deposit: $0.00

TERMS & INSTRUCTIONS

This deposit is required to confirm your extended stay reservation. Remaining balance is due upon pet pick-up. Cancellations must be made [Number] days in advance for a deposit refund.

Payment Methods: [Credit Card, Cash, Check, etc.]