# DEPOSIT INVOICE

Invoice #: _____
Date: _____

**[Business Name]**
[Address Line 1]
[City, State, Zip]
[Phone/Email]

**Client Information:**
Name: _____
Phone: _____
Email: _____
**Pet Information:**
Pet Name(s): _____
Species/Breed: _____
Boarding Month: _____

| Description of Services | Dates | Rate | Total Estimate |
|---|---|---|---|
| Monthly Boarding Package | ___/___ to ___/___ | $_____ | $_____ |
| Additional Services (Grooming, Meds) | - | $_____ | $_____ |

Estimated Monthly Total: $_____
Deposit Percentage: _____%

## Deposit Amount Due: $_____

**Note:** This deposit is required to secure your pet's reservation for the upcoming month. The remaining balance will be billed upon completion of the stay.

**Payment Terms:** Please remit payment by _____.