PET BOARDING INVOICE

Deposit Request

[Business Name]

[Street Address]
[City, State, Zip]
[Phone Number]

CLIENT / PET OWNER

[Name]
[Address]
[Phone]

Invoice #: [0000]

Date: [MM/DD/YYYY]

Check-In: [MM/DD/YYYY]

Check-Out: [MM/DD/YYYY]

PET INFORMATION

Name: [Pet Name] | Species/Breed: [Type] | Weight: [lbs/kg]

Description of Boarding Services	Weekly Rate	Qty (Weeks)	Total
Long-term Boarding Fee	$0.00	[#]	$0.00
Extended Care Services (Grooming, Meds, etc.)	$0.00	1	$0.00

Subtotal: $0.00

Tax: $0.00

Grand Total: $0.00

DEPOSIT DUE NOW ([00]%): $0.00

Terms & Conditions:

- Deposit is required to secure the multi-week reservation.
- The remaining balance is due upon pet pickup.
- Cancellations must be made at least [00] days in advance for a deposit refund.
- Proof of vaccinations (Rabies, Distemper, Bordetella) must be provided at check-in.