DEPOSIT INVOICE

Long-Term Pet Boarding Agreement

Invoice #: _____

Date: _____

Facility Information
Name/Business

Address

Phone/Email

Owner Information
Name

Address

Phone/Email

Pet Details
Pet Name(s):

Breed/Species:

Boarding Schedule
Check-in Date:

Check-out Date:

Total Est. Days:

Description of Services	Monthly/Weekly Rate	Total Estimated Cost
Long-term boarding & care services	$	$

Description of Services	Monthly/Weekly Rate	Total Estimated Cost
REQUIRED DEPOSIT (Non-Refundable)		**$**
Remaining Balance Due at Pickup		$

Agreement Terms:

- This deposit secures the boarding space for the long-term duration specified above.
- The deposit will be applied toward the final invoice total.
- Cancellations made less than _____ days prior to check-in forfeit the deposit.
- Owner is responsible for additional costs (emergency vet care, medication, specialized grooming).

_____

Pet Owner Signature
Date

_____

Facility Representative
Date