[BUSINESS NAME]

[Street Address]
[City, State, Zip]
[Phone Number]
[Email/Website]

DEPOSIT INVOICE

Invoice #: _____
Date: _____

CLIENT / OWNER **[Owner Name]**
[Owner Address]
[Owner Phone]
[Owner Email]
PET & STAY DETAILS **Pet Name(s):** [Pet Names/Species]
Check-in: [Start Date]
Check-out: [End Date]
Duration: [Number of Nights]

Description of Services (Long-Term Boarding)	Rate	Qty/Nights	Total
Long-Term Boarding Rate (Tier: [Name]) Includes daily exercise, feeding, and basic care.	$		$
Extended Stay Maintenance / Grooming Fee	$		$
Additional Services (Medication/Special Diet)	$		$

Estimated Stay Total: $ _____
Required Deposit (%): _____ %

DEPOSIT DUE NOW: $ _____

TERMS & NOTES

1. This deposit is required to secure the long-term reservation slots.
2. Remaining balance is due upon [Check-in / Check-out].
3. Cancellation Policy: [Insert specific policy for long-term stays].
4. Emergency contact information must be kept up to date for the duration of the stay.

Thank you for trusting us with your pet's care!