# INVOICE

Deposit for Long-Term Boarding

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

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**BILL TO:**

[Client Name]
[Client Address]
[Client Phone]

**STAY DETAILS:**

**Invoice #:** [00001]
**Date:** [MM/DD/YYYY]
**Check-in:** [Date]
**Check-out:** [Date]

**PET INFORMATION:**

[Pet Name(s)] - [Breed/Type]

| Description | Rate | Qty/Days | Total |
|---|---|---|---|
| Long-Term Boarding Fee (Projected) | $0.00 | 0 | $0.00 |
| Additional Services (Grooming, Meds) | $0.00 | 0 | $0.00 |

| Description | Rate | Qty/Days | Total |
|---|---|---|---|
| **Required Deposit Amount (___%)** | | | **$0.00** |

Estimated Total Stay: $0.00

**Deposit Due Now: $0.00**

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**Payment Terms:** Deposit is required to secure long-term booking. Remaining balance is due upon checkout. Deposits for stays exceeding 30 days are [Refundable/Non-refundable] if cancelled within [X] days.

**Notes:** [Insert specific medical or dietary instructions here]