DEPOSIT INVOICE

[Facility Name]
[Address Line 1]
[Phone Number]

INVOICE #
_____

DATE
_____

CLIENT INFORMATION

Owner Name: _____
Pet Name(s): _____
Species/Breed: _____

STAY DETAILS (LONG STAY)

Check-in: _____
Check-out: _____
Total Nights: _____

Description of Services (Reserved)	Rate	Qty/Nights	Total Est. Cost
Long-Stay Boarding Suite	$		$
Extended Care Package (Exercise/Medication)	$		$

Description of Services (Reserved)	Rate	Qty/Nights	Total Est. Cost
Long-Stay Discount (____%)			($)

Estimated Grand Total: $ _____

DEPOSIT REQUIRED (____%): $ _____

Remaining Balance Due at Check-in: $ _____

TERMS & CONDITIONS

- This deposit secures your pet's reservation for the specified long-stay dates.
- Deposits are non-refundable if cancelled less than ____ days prior to check-in.
- Full payment of the remaining balance is required upon arrival.
- Proof of up-to-date vaccinations (Rabies, Distemper, Bordetella) is mandatory.

_____

AUTHORIZED SIGNATURE

_____

DATE PAID

Thank you for choosing [Facility Name] for your pet's extended stay!