LONG-TERM BOARDING DEPOSIT

INVOICE #
DATE

PROVIDER DETAILS
Facility Name:

Address:

Phone/Email:

CLIENT & PET DETAILS
Owner Name:

Pet Name(s) & Breed:

Emergency Contact:

CHECK-IN DATE
CHECK-OUT DATE (ESTIMATED)

Description of Services (Long-Term)	Rate/Day	Qty (Days)	Total
Base Boarding Rate	$		$
Extended Stay Discount (%)	-	-	$
Add-on Services (Exercise/Medication)	$		$

Estimated Grand Total: $
Required Deposit (%) : %
DEPOSIT DUE NOW: $

Terms & Conditions:

1. This deposit is required to secure the kennel space for the duration of the long-term stay.

2. Final balance is due upon pet pickup. Any additional emergency veterinary costs or supplies will be billed at checkout.

3. Cancellation Policy: Deposits are non-refundable if cancelled less than ____ days prior to check-in.

AUTHORIZED SIGNATURE (PROVIDER)

CLIENT ACCEPTANCE SIGNATURE