DEPOSIT INVOICE

Invoice #: [____]
Date: [____]

[Pet Boarding Business Name]
[Business Address Line 1]
[Business Address Line 2]
[Phone Number]
[Email/Website]

CLIENT INFORMATION

[Owner Name]
[Owner Address]
[Phone Number]
[Emergency Contact]

STAY DETAILS (LONG-TERM)

Pet Name(s): [____]
Check-in: [____]
Check-out: [____]
Total Duration: [____] Nights

Service Description	Quantity/Days	Rate	Total Est.
Long-Term Boarding Rate (Standard)	[____]	$[____]	$[____]
Extended Stay Discount ([__]%)	-	-	($[____])

Service Description	Quantity/Days	Rate	Total Est.
Add-on Services (Grooming/Medication/Exercise)	-	-	$[____]

Estimated Total Quote: $[____]
Required Deposit Percentage: [____]%

DEPOSIT AMOUNT DUE: $[____]

Payment Terms: This deposit is required to secure your long-term reservation. The remaining balance of $[____] is due upon [Check-in/Check-out].

Cancellation Policy: For long-term stays, cancellations must be made [__] days in advance for a full deposit refund.

Notes: [_____]