DEPOSIT INVOICE

[Kennel Name]
[Address]
[Phone/Email]

Invoice #: _____
Date: _____

CLIENT INFORMATION

[Owner Name]
[Owner Address]
[Owner Phone]

PET INFORMATION

Pet Name: _____
Breed/Species: _____
Stay Duration: _____ Days

STAY DETAILS

Description	Check-in	Check-out	Rate/Day
Long Term Kennel Stay	[Date]	[Date]	$_____

Estimated Total Stay Cost: $_____

REQUIRED DEPOSIT AMOUNT: $_____

TERMS & NOTES

â€¢ This deposit is required to secure the long-term reservation.
â€¢ Deposits are [Refundable/Non-refundable] if cancelled within [X] days.
â€¢ Balance is due upon [Check-in/Check-out].
â€¢ Emergency Contact: _____

Signature: _____ Date: _____

Thank you for choosing [Kennel Name]!