DEPOSIT INVOICE

Pet Sitting Services (Long Term Stay)

Invoice #: _____
Date: _____

PROVIDER INFO

Name:
Phone:
Email:

CLIENT INFO

Owner Name:
Pet Name(s):
Stay Dates:

Description of Service	Daily Rate	Total Days	Total Amount
Long Term Stay Booking Fee	$		$
Additional Services (Grooming/Admin)	$	-	$

Subtotal: $_____
Deposit Required (%): _____%
DEPOSIT DUE NOW: $_____

Remaining Balance Due: $_____

TERMS & PAYMENT

Please make payment via:

Note: Deposits are non-refundable to secure the dates for long-term stays. The remaining balance is due upon or before the first day of service.