DEPOSIT INVOICE

Long-Term Boarding Reservation

RESERVATION PENDING

Invoice #: [0000]

Date: [Date]

SERVICE PROVIDER

[Business Name]
[Street Address]
[City, State, Zip]
[Phone/Email]

CLIENT & PET DETAILS

[Owner Name]
Pet(s): [Pet Name(s) / Breed]
[Client Phone]
[Client Email]

BOARDING SCHEDULE

Check-in: [Start Date]
Check-out: [End Date]
Duration: [Total Nights] Nights

PAYMENT TERMS

Deposit Due: [Due Date]
Remaining Balance: Due at Check-in

Description of Services	Rate/Night	Qty	Total
Long-Term Boarding (Suite/Kennel) Includes daily exercise and feeding	$0.00	0	$0.00

Description of Services	Rate/Night	Qty	Total
Extended Stay Maintenance Fee Grooming/Health Checks	$0.00	1	$0.00
Additional Services [Medication/Special Care]	$0.00	0	$0.00

Estimated Grand Total: $0.00

Required Deposit (___%): $0.00

Terms & Conditions:

1. This deposit secures your pet's space for the specified long-term dates.
2. Deposits are [Refundable/Non-refundable] if cancelled within [X] days of check-in.
3. Vaccination records must be provided at least 7 days prior to arrival.
4. Remaining balance is payable upon arrival.

Payment Methods: [Credit Card / Bank Transfer / Digital Pay]