DEPOSIT INVOICE

[Business Name]
[Address Line 1]
[Phone Number]

Invoice #: [0000]
Date: [MM/DD/YYYY]
Billing Cycle: [Monthly/Quarterly]

Client Information:
[Owner Name]
[Address]
[Email]
Pet Details:
Name(s): [Pet Names]
Species: [Breed/Type]

Description (Long-Term Boarding)	Period	Rate	Amount
Recurring Boarding Deposit - [Month]	[Start Date] to [End Date]	$[0.00]	$[0.00]
Long-Term Care Surcharge	Recurring	$[0.00]	$[0.00]
Special Amenities/Medication Fee	N/A	$[0.00]	$[0.00]
Subtotal:		$[0.00]	
Tax:		$[0.00]	
Total Deposit Due:		**$[0.00]**	

Payment Terms:
This is a recurring deposit invoice for long-term boarding services. Payment is due by [Due

Date] to secure placement for the upcoming period. Remaining balances for consumables (food/treats) will be reconciled at the end of the term.

Thank you for choosing [Business Name] for your pet's long-term care.