LONG STAY DEPOSIT INVOICE

Invoice #: _____
Date: _____

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

CLIENT DETAILS

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

PET INFORMATION

Name: [Pet Name]
Breed: [Breed]
Check-in: [Date]
Check-out: [Date]

Description of Services (Long Stay)	Rate/Night	Qty (Nights)	Total
Residential Boarding Services	$		$
Special Care / Extended Stay Maintenance	$		$
Additional Services (Grooming/Exercise)	$		$

Subtotal: $_____
Deposit %: _____%
Deposit Due: $_____

Payment Terms: This deposit is required to secure the long-stay reservation. Deposits are [Refundable/Non-refundable] if cancelled within [Number] days of check-in. Remaining balance is due upon arrival or departure as per contract.

Payment Methods: [Cash, Check, Credit Card, Zelle]