DEPOSIT INVOICE

Long-Stay Pet Boarding

Invoice #: [0000]

Date: [MM/DD/YYYY]

Facility Information:
[Business Name]
[Street Address]
[City, State, Zip]
[Phone/Email]
Client Information:
[Owner Name]
[Phone Number]
[Email Address]

RESERVATION DETAILS

Pet Information:
Name: [Pet Name]
Species/Breed: [Breed]
Weight: [00 lbs]
Stay Duration:
Check-in: [Date/Time]
Check-out: [Date/Time]
Total Nights: [00]

Description of Services (Long Stay)	Rate	Qty/Nights	Total
Standard Boarding Rate	$0.00	0	$0.00
Extended Stay Discount ([0]%)	-$0.00	1	-$0.00
Medication Administration / Special Care	$0.00	0	$0.00
Scheduled Grooming/Bath (Departure)	$0.00	1	$0.00

Estimated Total: $0.00
Deposit Required: $0.00

Balance Due at Pickup: $0.00

TERMS & POLICIES

1. **Deposit:** A [00]% non-refundable deposit is required to secure long-stay bookings.
2. **Vaccinations:** Proof of DHPP, Rabies, and Bordetella required prior to entry.
3. **Cancellation:** Deposits are forfeited if cancelled less than [7] days before check-in.

Thank you for choosing [Business Name] for your pet's extended stay.