

INVOICE

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

INVOICE NUMBER #0000
DATE [Date]

BILL TO:

[Client Name]
[Client Address]
[Phone/Email]

PET INFORMATION:

Cat Name(s): [Name]
Service Dates: [Start] to [End]

Description of Services	Quantity/Days	Rate	Amount
Daily Visit / Overnight Stay	0	\$0.00	\$0.00
Feeding & Litter Cleaning	0	\$0.00	\$0.00
Additional Services (Meds, Grooming)	0	\$0.00	\$0.00

Subtotal: \$0.00

Tax: \$0.00

Total Due: \$0.00

PAYMENT INSTRUCTIONS

Please make checks payable to [Business Name] or pay via [Payment Method].
Thank you for trusting me with your feline friends!