

INVOICE

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

INVOICE #
[001]
DATE
[MM/DD/YYYY]

BILL TO:

[Client Name]
[Dog's Name(s)]
[Client Address]
[Client Phone]

SERVICE PERIOD:

[Start Date] - [End Date]

Service Description	Qty/Days	Rate	Amount
Dog Sitting (Overnight)	[0]	\$0.00	\$0.00
Training Session (Private)	[0]	\$0.00	\$0.00
Dog Walking / Drop-in	[0]	\$0.00	\$0.00
Additional Fees (Supplies/Travel)	[0]	\$0.00	\$0.00

Subtotal \$0.00
Tax \$0.00
Total Due \$0.00

Payment Instructions: [Venmo, PayPal, Check, or Cash Details]

Notes: Thank you for letting me care for [Dog's Name]!