

INVOICE

Sitter: [Sitter Name/Business]

[Address]

[Phone/Email]

Invoice #: _____

Date: _____

Bill To:

[Client Name]

[Client Address/Phone]

Pet Details: [Pet Name(s) / Species]

Service Dates: [Start Date] to [End Date]

Description of Services	Quantity/Days	Rate	Amount
Home Pet Sitting (Day/Night)			
Dog Walking / Exercise			
Medication Administration			
Other: _____			

Subtotal: \$ _____

Tax: \$ _____

Total Due: \$ _____

Payment Instructions:

[Payment Method: Cash, Check, Venmo, etc.]

Thank you for trusting me with your pets!