

[Business Name]

[Street Address]
[City, State, Zip]
[Phone Number]
[Email/Website]

INVOICE

Invoice #: _____
Date: _____
Due Date: _____

CLIENT INFO

Name: _____
Address: _____
Pet Name(s): _____

SERVICE PERIOD

Start Date: _____
End Date: _____
Total Visits: _____

Description of Service	Qty/Days	Rate	Total
[e.g., Daily Dog Walking / Overnight Sitting]	___	\$___	\$_____
[e.g., Medication Administration]	___	\$___	\$_____

Description of Service	Qty/Days	Rate	Total
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[e.g., Additional Pet Fee]	_____	\$_____	\$_____
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Subtotal: \$ _____

Tax/Fees: \$ _____

Total Amount Due: \$ _____

Payment Instructions:

Please make checks payable to [Business Name] or pay via [Electronic Payment Handle].

Thank you for trusting us with your furry family members!