

[Your business name]

[Street address, city, state ZIP]

[Phone] · [Email] · [Website]

[Salon / mobile, by appointment] · [Facility license #, if issued]

INVOICE

Invoice # [0001]

Date [MM/DD/YYYY]

Due [MM/DD/YYYY]

Appointment [date · drop-off, pickup]

BILL TO

[Customer name]

[Street address]

[City, state ZIP]

[Phone or email]

DOGS

[Name] — [breed], [weight] lb, [coat], every [n] weeks

[Name] — [breed], [weight] lb, [coat]

[Vaccination records on file]

DESCRIPTION	QTY	RATE	AMOUNT
Full groom — [size], [coat] · [dog] [Bath, dry, haircut, nails, ears]			
Bath and brush — [size] · [dog] [Bath, dry, brush-out, nails, ears]			
De-matting / extra time · [dog] [Where; minutes]			
Add-on — [de-shedding / teeth / paws / nail grind] · [dog]			
Mobile visit fee — [area]			
Retail — [product, size] [Taxable goods in most states]			
Subtotal			
Sales tax / GST / VAT ([rate]%)			
Deposit received			

Balance due

PAYMENT

[Due at pickup, or on the [1st] for an account. How to pay.]

NEXT GROOM

[Which dog, when; home care between visits.]