DOG TRAINING INVOICE

TRAINER

Business name _____

Address _____

Phone / email _____

INVOICE DETAILS

Invoice no. _____

Invoice date _____

Payment terms _____

Due date _____

Billing period _____

BILL TO (OWNER)

Owner name _____ Phone / email _____

Address _____

DOG

Name / breed / age _____

Training goals _____

EVALUATION AND PRIVATE SESSIONS

Date	Session	Length	Qty	Rate	Amount

Private training subtotal _____

GROUP CLASSES

Date	Session	Length	Qty	Rate	Amount

Group classes subtotal _____

HOW TO PAY

Accepted methods _____

Account name _____

Bank details _____

Payment reference _____

Subtotal _____

Sales tax, if applicable (_____%) _____

Total _____

Less: package credit _____

Amount due _____

TRAINING NOTES

_____

_____

Thank you for training with us.