

Bill to:

Member
name

Last name

First name

Provider information:

Provider/Caregiver name

Last name

First name

Address

City

Postal Code

Phone

E-mail

Please specify your relationship to the member:

Boarding and Care Details

Date(s) of boarding and care	Type of animal (e.g., dog, cat, rabbit)	Description of care provided	Amount charged
Example: April 30, 2026	Dog and cat	Feeding, walking and cleaning out litter box	\$ 35
			\$
			\$
			\$
			\$
			\$
			\$
Total cost of boarding and care			\$

- ☐ I hereby confirm that the above-referenced invoice has been paid by the BCTF member identified above.
- ☐ I hereby acknowledge that I will be responsible for any tax reporting and tax remittance to the Canada Revenue Agency.

Provider/Caregiver signature: _____

Date: _____