

## New Client Information Form

### Owner Information:

Name: \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

### Pet Information:

Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age (DOB): \_\_\_\_\_ Sex: \_\_\_\_\_

Spayed/Neutered Circle YES or NO

Do you have other pets? (Please specify their names, age, species)

\_\_\_\_\_  
\_\_\_\_\_

### Referral Information:

**PLEASE LET US KNOW HOW YOU LEARNED ABOUT US. YOUR INPUT IS VERY IMPORTANT TO US. ☺**

• Friend/Neighbor/Existing Client: (Their name) \_\_\_\_\_ (We like to thank our friends and neighbors that refer us)

• Local/Drove By

• Internet: Google  Yelp  Angie's List  Superpages.com  Yellowbook.com   
Other:  \_\_\_\_\_

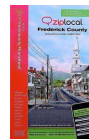
• Phone Book(circle one)



Superpages



The One book



Zip Local

### Financial Responsibility:

This information is accurate and true to the best of my knowledge. I understand that I am responsible for services rendered, including reasonable attorney's fees and costs of collection in the event of default. I further understand that if payment becomes 30 days past due, delinquency at the lesser of the annual rate of 6%, or the maximum allowable rate, will be due on delinquent amounts from the date the payment was due.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Method of Payment (Payment is due the day services are rendered)

**We accept:**

Circle Payment Method: Mastercard Visa Discover Cash Check (with identification)

Drivers License # \_\_\_\_\_