



CLIENT INITIAL CONTACT FORM

Date of Call _____/_____/_____

Client Name: _____
First Middle Last

Address: _____
Street City Zip

Address between what two streets: _____ Home Phone: _____

Cell/Work Phone: _____ e-mail: _____

	Type	Name	Breed	Age	Sex	Fixed
1					M F	Y N
2					M F	Y N

How long has client had this/these animal(s): _____

Do any of these animals have any chronic conditions: _____

Current Vet (name/address): _____

Current Food(s): _____

How did you hear of us: _____ Referred by: _____

- (1). We will not provide services such as dog walking, pet food delivery or in home pet care for clients with aggressive dogs.
- (2). Only two companion animals per client of this call will be covered. We only cover adult animals that have been in the home for at least one year.
- (3). Only the animal(s) applicant has at time of this call will be covered.
- (4). All clients with unsprayed/neutered dogs/cats must agree to have them spayed/neutered within three months of becoming a client. Exceptions are senior animals or documented show animals.
- (5). All companion animals must be kept current with their yearly rabies vaccinations. If the rabies vaccination is not current, clients will be responsible for attending to the shots within three months of becoming a client. All other annual vaccinations will be provided free of charge.

Comments: _____

Information taken by: _____