



We are honored that you have chosen us to care for your four legged family members!

Your Name: _____

(LAST)

(FIRST)

(MIDDLE INITIAL)

Address: _____

City: _____ State: _____ Zip: _____

Home #: _____ Work #: _____ Cell #: _____

*Email Address: _____

Spouse's Name: _____ Spouse's Cell #: _____

Please choose your preferred phone number: Home Cell

*Your email will be used for future newsletters, client surveys and alternate contact methods. We do not sell or send spam.

How did you hear about us? SAH Website Internet Word of Mouth

Drive-by/sign Other _____

Let us know who our current client is that referred you and they will receive a \$10 referral coupon! _____

How do you prefer to be contacted for service and appointment reminders? Text Email

Phone Call Mailed Postcards

Are you a Senior Citizen (65 and older)? Yes _____ No _____

PAYMENT

Full payment is expected at the time services are rendered. For your convenience, we accept the following forms of payment: CASH, CHECK, VISA, MASTERCARD, AMERICAN EXPRESS, DISCOVER & DEBIT CARDS.

Returned check policy – There will be a \$25 fee assessed for ALL checks that are returned

We will gladly prepare an estimate at any time, per your request.

Please sign below to indicate that you understand our payment policy. Thank you.

Client Signature: _____ Date: _____