



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 Code: \_\_\_\_\_

Home #: \_\_\_\_\_ 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 \$20 referral coupon!

\_\_\_\_\_

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

**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: \_\_\_\_\_