



CLIENT MEMBERSHIP FORM

Client Information

First Name _____ Last Name _____

Address _____ City _____ State ____ Zip _____

Cell Phone _____ Home Phone _____ Work Phone _____

Email Address _____

Which phone is best to contact you during business hours?

Emergency Contacts

1) First Name _____ Last Name _____

Cell/Home/Work Phone _____

Relationship _____

2) First Name _____ Last Name _____

Cell/Home/Work Phone _____

Relationship _____

3) First Name _____ Last Name _____

Cell/Home/Work Phone _____

Relationship _____

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I understand that in the event of any emergency, The Wag Staff will make every attempt to contact me. In the event that I cannot be reached, I authorize the following:

In the event of illness or injury, I authorize The Wag Staff to seek appropriate medical treatment for my pet. I understand that every effort will be made to take my pet to the vet clinic specified below if the situation permits, however; The Wag Staff has the authority to seek treatment at any veterinary clinic.

Veterinary Information

Name/Address _____

Phone _____ Doctor _____

Emergency Veterinary Information

Name/Address _____

Phone _____ Doctor _____

Notes _____

Confirmation

We will make a confirmation call, text or email no less than two (2) days before each sitting starts. Please **circle** your preference on how to contact you: **call** **text** **email**

How did you hear about us? _____

Client Signature _____ **Date** _____