



# 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** \_\_\_\_\_