

Ali's K9 Clips

(910) 470-6010

New Client information.

Please take a moment to complete this form. All information collected will be used for the sole purpose of record keeping, billing, scheduling and the safety of your pet. No information will ever be sold or transferred to a third party without your consent.

General Information:

First Name _____ Last Name _____
Home Tel # _____
Work Tel # _____ which number would be your primary contact
Mobile # _____
Address _____ City _____
ZIP Code _____ State _____
Gender Male Female
Where did you hear about Ali's K9 Clips _____
E-Mail Address _____

Pet Information:

Pet Name: _____
Type: Dog Cat
Breed _____
Weight (approximate) _____
D.O.B. _____
Gender Male Female
Grooming Info _____
Personality of Pet _____
Aggressive with animals' _____
Aggressive with people _____
Barker Bitter Shy _____

Medical Information:

Diabetic Deaf Blind Epileptic Heart Condition Rabies Shot
Other
Condition: _____

Vet Information:

First Name _____ Last Name _____
Business Name _____
Address _____ City _____ State _____ Zip _____
Work Number _____ Cell or pager Number _____

All information provided is believed to be true and accurate

Signed _____ Date _____

Convenience for you... Comfort for your pet!!!