Client Information

 Today’s Date \_\_\_\_\_\_ / \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_

|  |
| --- |
| **Client(s)** name(s): |
| Address: | Phone# and e-mail: |
| **Pet(s)** name(s): |
| Age: | Age when acquired: |
| Breed(s) |
| Size: | Gender; intact/altered, at which age: |
| Coloration/markings: |

|  |
| --- |
| List all people, including yourself, who live in your household: (Name, gender, age of children, relationship) |
|  |

How did you hear about me? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please send this form to me ahead of our appointment.***

*email:* *stine\_theede@yahoo.com*

*text: 208-860-5919*

*mail: Get a Grip \* 9500 W Marigold St. \* Garden City, ID 83714*

*Thank you for taking the time to complete this form. Your answers will allow me to help you better.*

***Please send it to me in time for me to read and prepare before our appointment.***

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***I look forward to meeting with you and your dog.***

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