



New Client Form

Owner's First Name: _____ Owner's Last Name: _____

Home Phone: _____ Mobile Phone: _____

Work Phone: _____ Fax No: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

Occupation: _____

Spouse: _____ Spouse Email: _____

Other Person To Contact For Emergencies: _____

Send Emails for: Reminders Statements Promotions/Contests Do not send me emails

Drivers License/Identity Card: _____

How did you hear about us? _____

*Name of Pet: _____ Date of Birth: _____ Age: _____

(Circle One) Dog Cat Male Female Spayed Neutered Intact

Other: _____ Breed: _____ Color: _____

Microchip: _____ Local Authority License: _____ (City License)

*Name of Pet: _____ Date of Birth: _____ Age: _____

(Circle One) Dog Cat Male Female Spayed Neutered Intact

Other: _____ Breed: _____ Color: _____

Microchip: _____ Local Authority License: _____ (City License)

*Name of Pet: _____ Date of Birth: _____ Age: _____

(Circle One) Dog Cat Male Female Spayed Neutered Intact

Other: _____ Breed: _____ Color: _____

Microchip: _____ Local Authority License: _____ (City License)

I, the undersigned, hereby agree to pay The WellPet Center all amounts and charges hereafter incurred by myself and/or members of my family for materials furnished and services rendered by The WellPet Center. The amount shown on the books and records of The WellPet Center shall be due on demand and, upon default. I agree to pay costs of collection, including attorney fees and court costs. In the case that The WellPet Center pursues debt through the court system, I waive all rights of exemption as to personal property under the laws of Texas or any other state.

Date

Your Signature