

AHPR Client Profile

Owner's Name(s):

Address:

City: _____ State: _____ Zip: _____

Home: () _____ Work: () _____ Cell: () _____

Email: _____ Alternative Email: _____

How did you hear about Almost Home Pet Retreat? (Referrals = free day/night for the pet parent who referred you)

- ☐ Veterinarian ☐ Friend / Relative ☐ Online ☐ Facebook Page ☐ Newspaper
☐ Sign / Car Signs ☐ Special Event
☐ Referral: Name _____ ☐ Other _____

EMERGENCY CONTACT(S):
(Someone not traveling with you)

Name: _____ Number: _____ Relationship: _____

Name: _____ Number: _____ Relationship: _____

Please have the items below completed and returned prior to your pet's first visit to AHPR.

- | | |
|--|--------------------------------|
| <input type="checkbox"/> Client Profile | (One per owner) |
| <input type="checkbox"/> Pet Profile(s) | (One per pet) |
| <input type="checkbox"/> Policies Agreement | (One per owner) |
| <input type="checkbox"/> Vaccination Records | (Current records for each pet) |

I, the undersigned, hereby acknowledge and agree that all the information provided in this Application is complete and accurate to the best of my knowledge. I further acknowledge and agree that I have read, understand and agree to all terms and conditions contained in the Policies Agreement. I understand that the Policies may be amended from time to time and that a revised copy is always available in the office. I hereby execute the Agreement for my pet, myself and my heirs, successors, representatives and assigns. I further attest that if I am not the sole owner or representative of the pet subject to this application, that my signature is sufficient to enter into this Agreement for and on behalf of any other owner or representative.

_____	_____	_____
Owner's Signature	Printed Name	Date

PAYMENT METHOD: (A valid credit card must be on file at all times. Visa, MasterCard, and Discover accepted.)

Type: _____ Number: _____ Expiration Date: ____/____/____ CCID # _____