

CLIENT INFORMATION

FILL OUT COMPLETELY
(PLEASE PRINT)

DATE _____

OWNERS NAME _____ DOB _____

DRIVERS LICENSE NUMBER _____ NAME OF SPOUSE _____

ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____ EMAIL ADDRESS _____

COUNTY _____ HOME PHONE _____

CELL PHONE _____ WORK PHONE _____

PLACE OF EMPLOYMENT _____

OCCUPATION _____

NAME OF ANYONE ELSE WHO CAN PICK UP PET _____

***** **PAYMENT IS DUE AT TIME OF CHECKOUT** *****
NO EXCEPTIONS!!

PETS NAME _____ SEX _____ BREED _____

SPAYED/ NEUTERED _____ AGE _____

REASON FOR VISIT _____

PLEASE READ CAREFULLY BEFORE SIGNING. THIS IS A LEGAL CONTRACT!!

By signing below, I agree that I have read and understand that I am **REQUIRED TO PAY IN FULL AT TIME OF CHECKOUT**. If I am unable to pay in full at time of checkout, my pet will be kept until payment is received plus an additional \$11.00 per night until picked up. Additionally if you're pet is not picked up within 7 days after the pet is ready to go home we will consider it abandoned and will contact the Troy City Pound. There are **NO EXECPTIONS!!!!**

Signature _____