

Hands 4 Hounds Massage
By
Jennifer Pumpelly LMT, CSAMT OR #12000

New Client Information

Client Name: _____

Co-owner/Spouse: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Numbers: (please circle best number to call) Home: (____) _____

Work: (____) _____ Cell: (____) _____

Co-owner/Spouse: Work: (____) _____ Cell: (____) _____

Email: _____

Patient Name: _____

Breed: _____ Sex: ____ Age: _____

Family Veterinarian _____ Date of last Rabies Vaccination: _____

How did you hear about me?

Payment Policy Payment is required at the time the services are rendered. I accept Cash, Checks, and Credit Cards. Financial Responsibility I understand that I am responsible for all charges incurred for services rendered for my pet.

By signing this form is also a consent to treat my dog, and to perform Massage Therapy modalities.

Signature: _____ Date: _____