



Agri-Pet New Client Registration

Owner's Name _____

Co-Owner's Name _____

Street Address _____

Apt/Unit/# _____

City _____ State _____ Zip Code _____

Primary Phone # _____ Type: Home Work Cell Other _____

Second Phone # _____ Type: Home Work Cell Other _____

Third Phone # _____ Type: Home Work Cell Other _____

Email Address _____

Pet Information

Pet's Name _____ Canine / Feline / Equine Age/DOB _____

Breed _____ Color _____ Female / Male Spayed / Neutered

Pet's Name _____ Canine / Feline / Equine Age/DOB _____

Breed _____ Color _____ Female / Male Spayed / Neutered

Pet's Name _____ Canine / Feline / Equine Age/DOB _____

Breed _____ Color _____ Female / Male Spayed / Neutered

Pet's Name _____ Canine / Feline / Equine Age/DOB _____

Breed _____ Color _____ Female / Male Spayed / Neutered

All payments are due at the time of services rendered.

We accept cash, checks, Visa, MasterCard, and Discover

By signing below, you are certifying that you have read and understood the above payment policy.

Signature _____ Date _____

