

# New Client Registration

Provide your contact information so we can connect with you.

We will keep this information on file for future reference.

Please update and resubmit this form if anything changes so that we have your most current information.

## Owner's Name

## Significant Other's Name

## Owner's Address

Address Line 1

Address Line 2

City

State

Zip Code

## Home Phone

## Work Phone

Land Line Number or a Cell Phone Number if you don't have a Land Line

## Cell Phone 1

Enter Number for Cell Phone 1

## Name 1

Name of phone's owner

## Cell 1 Phone Provider (AT&T, Verizon, etc...)

## Cell Phone 2

Enter Number for Cell Phone 2

## Name 2

Name of phone's owner

## Cell 2 Phone Provider (AT&T, Verizon, etc...)

## Email Address

Email

Confirm Email

## Who's Email?

First Name of Person Associated with Email

## OK to Send Newsletter

Yes

No

We do not share emails and you can opt out if you change your mind.

## Name of Veterinary Practice

## I authorize our veterinarian to release the medical records for our pet(s) to Walkers Pet HoTail

Yes

No

## How did you hear about Walkers?

## Alternate / Emergency Contact Name

A contact we can reach if you or your significant other aren't available.

## Alternate / Emergency Contact Phone

## Alternate Emergency Contact Address

Address

City

State

## Relationship

## Please Let Us Know Your Areas of Interest

- Overnight Boarding  Doggie Daycare  Grooming  Veterinary Services  Pet Supplies  Pet Taxi  Training  
 Puppy Parties  Other

Check all that apply