



NEW CUSTOMER FORM

Date: _____ **How did you hear about the DogScoop?** _____

Your Name(s): _____

Address: _____ **City:** _____ **Zip:** _____

Home Phone: _____ **Mobile Phone:** _____

Email: _____

Dog Name(s): _____ **Breed(s):** _____

Please provide us with your veterinarian's information:

Veterinarian/Practice Name: _____ **City:** _____

Telephone Number: _____

Does your dog have any allergies, medical issues or special needs we should be aware of?

SERVICES REQUESTED

DAYCARE: **Mon** **Tue** **Wed** **Thu** **Fri** **Sat**

WALKS: **Mon** **Tue** **Wed** **Thu** **Fri** **Sat**

GROOMING

OVERNIGHT

TRAINING