



**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):**

**Age(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?**

**Has your dog ever been to a daycare before?**

**Is your dog spayed or neutered?**