

Welcome to Healing Paws

Integrative care for happier, healthier pets

Name: _____ Spouse: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Work: _____

Cell: _____ E-Mail Address: _____

Drivers License Number: _____

Place of Employment: _____

How did you hear about us: _____

Pet Information

Name: _____

Breed: _____ Sex: M F Spayed Neutered

Color: _____ D.O.B. _____

Name: _____

Breed: _____ Sex: M F Spayed Neutered

Color: _____ D.O.B. _____

By signing this form you are giving us permission to treat your pet and agreeing to pay for the services provided at the time of service. Thank You.

Signature: _____ Date: _____