



Arms of Aloha
In-Home Comfort Care for Your Pet

P.O. Box 38 Kaneohe, HI 96744

CLIENT REGISTRATION

Today's Date: _____

Name of person responsible for
payment: _____

Driver's License or I. D. Card Number: _____ Expiration: _____

Address: _____
Street number and name City State Zip

Occupation: _____

Employer Name and Address: _____

Email: _____

Telephone Numbers (please include area code):

H:(____)____-____ W:(____)____-____ Cl:(____)____-____

Alternate Contact:

Name Phone(s)

Spouse Partner Co-owner

Address (if different than above):

Street City Zip

Occupation: _____

Employer name and address: _____



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Is there someone we may thank for their referral? _____

PROFESSIONAL FEES ARE TO BE PAID AT THE TIME SERVICES ARE PERFORMED. We accept Visa, Mastercard, American Express and Discover. No personal checks.

- **It is understood that an estimate of charges will be given for services. No guarantee or assurance can be made as to the results that may be obtained.**
- **Further, I assume full financial responsibility for all charges incurred by my pet. I realize that these charges may exceed a given estimate if complications arise.**

Signature: _____