****

**Please complete and return before your first order.**

**ABOUT YOU**

|  |  |
| --- | --- |
| Name: | Date: |
| Delivery address: | |
| City: | Zip code: |
| Email: | Phone #: |
| How did you hear about Chomp & Nibble? | |
| If referred, please put person’s name: | |

**ABOUT YOUR DOG, #1**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Pet’s name: | | Breed: | | |
| Age: | Weight: | | Allergies:  yes  no | |
| Please describe allergies: | | | | |
| Is your pet on a special diet:  yes  no | | | | |
| Please describe your pet’s special diet: | | | | |
| How often do you feed your dog? | | | | |
| What brand of food do you currently serve? | | | | wet  kibble |

**ABOUT YOUR DOG, #2**

|  |  |  |  |
| --- | --- | --- | --- |
| Pet’s name: | | Breed: | |
| Age: | Weight: | Allergies:  yes  no | |
| Please describe allergies: | | | |
| Is your pet on a special diet:  yes  no | | | |
| Please describe your pet’s special diet: | | | |
| How often do you feed your dog? | | |  |
| What brand of food do you currently serve? | | | wet  kibble |

**ACCOUNT SET-UP**

1. Have you read our Frequently Asked Questions page?

If you have any questions about our food or service, contact Chomp & Nibble at:

[paula@chompandnibble.com](mailto:paula@chompandnibble.com) or (650) 704-7148.

1. Have you ordered your first delivery?

If not, please visit our order page, and place your first order.

1. Chomp & Nibble is delivered weekly on Mondays and Tuesdays, between 5:00-6:00pm. What day would you like your meals delivered?

Special Delivery Instructions:

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|  |  |
| --- | --- |
|  |  |
| Electronic Signature (type name above) | Date |