

TWO OLD MARES BLANKET SERVICES

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www.twooldmaresblanketservices.com



NAME: _____ DROP OFF LOCATION: _____

STREET: _____ CITY: _____

STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

CHECK OPTIONS: (circle one):
WASH ONLY _____ REPLACE/REPAIR LEG STRAPS _____

WASH & WATERPROOF _____

NO REPAIRS: _____ REPAIR AS NEEDED UP TO \$40 _____

LIST ITEMS: (Can use reverse)

#1 _____

#2 _____

#3 _____

#4 _____

#5 _____

#6 _____

#7 _____

****FILL OUT THIS FORM COMPLETELY. 1 form may be used for more than 1 blanket, but every blanket must be listed on ONE FORM ONLY. Place form(s) inside bag(s) with blankets. CLOSE bag, TAPE NAME, PHONE & DROP OFF LOCATION to OUTSIDE OF BAG. If using 1 form & multiple bags - please indicate on outside, which bag has the form.**

**** Items must be washed by us before waterproofing and/or repairs are done to ensure all dirt and residual cleaning agent has been removed. ****

