

Owner Information

Owner #1: First & Last Name: _____

Owner #2: First & Last Name: _____

Home Phone: _____ Work Phone: _____

Owner #1: Cell Phone: _____ **Owner #2:** Cell Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

How did you hear about the Clip Shoppe? _____

Credit Card Information

We must have a credit card on file.

AmEx / Discover / MasterCard / Visa #: _____

CVC #: _____ Expiration Date: _____

Name as it appears on card: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Emergency Contact

Other Than Yourself!

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____

Home Phone: _____ Work Phone: _____

Veterinarian

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

**We must have current vaccinations from your veterinarian
before we can accept your pet into the kennel.**