

# Boarder Information

Name (Owner): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone #1: \_\_\_\_\_ Cell Phone #2: \_\_\_\_\_

How did you hear about the Clip Shoppe? \_\_\_\_\_

Dog's Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Sex: \_\_\_\_\_ Neutered or Spayed? \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_

Name of Dog Food: \_\_\_\_\_

Feeding Instructions: \_\_\_\_\_

\_\_\_\_\_

If you forget your dog's food or we run out; we will buy it for you and add the price to your bill.

Has your dog ever been kenneled before? \_\_\_\_\_

Does your dog have any know allergies? \_\_\_\_\_

Is your dog on any medications? List medications and dosage: \_\_\_\_\_

\_\_\_\_\_

Anything you would like to tell us about your dog? \_\_\_\_\_

\_\_\_\_\_

## Emergency Contact

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone #1: \_\_\_\_\_ Cell Phone #2: \_\_\_\_\_

## Veterinarian

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**We must have a copy of current vaccinations from your vet before we can accept your dog into the kennel.**