



## Registration Form

Dog Name \_\_\_\_\_

Owners Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

### -Emergency Contact Information-

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

### -Veterinarian Information-

(incase emergency contact is needed)

Name \_\_\_\_\_ Phone \_\_\_\_\_

-OR-

In case of emergency use K9 Klipping recommended veterinarian.

Signature \_\_\_\_\_ Date \_\_\_\_\_

-Pick Up Authorization-



(Who is authorized to pick up your dog)

Name \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_