

INFORMATION FORM

Print out this form and mail or Fax to Best Friend Pet Travel L.L.C.

17605 Hwy. 285 Nathrop, CO 81236

Fax # 719-530-0971

Name _____ Date _____
Phone _____ E-mail _____
Address _____ City _____
State _____ Zip Code _____
Driver's License _____ Employer _____
Work Phone _____ Cell Phone _____
Fax _____

**Credit References
(must be verifiable - TSA required information)**

Bank _____ Account # _____
Please Choose: _____ Savings _____ Checking _____ Other _____
--- OR ---
Credit Card (Visa, etc.) _____ Credit Card Number _____

Where pet(s) is/are to be picked up if different from above (vet, kennel, friend):

Name _____ Address _____
City _____ State _____
Zip Code _____ Phone _____

Airports

Shipping From _____ Shipping To _____

Person Receiving Pet(s)

Name _____ Address _____
City _____ State _____
Zip Code _____ Phone _____

Ideal date you would like pet(s) shipped _____

Boarding dates, if needed _____

Veterinarian to contact for health info, if needed _____ Phone _____

Pet's Name _____ Breed _____

Age _____ Sex _____ Approx. weight _____

Color _____ Height _____

Size/dimensions of the kennel you have, if applicable _____

Any medical conditions/medication _____

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