

**LONGLEAF ANIMAL HOSPITAL SOUTHERN PINES, NC
CLIENT REGISTRATION FORM**

*Name _____
Last First Middle Initial

*Social Security # _____ *Driver's License # _____

WE REQUIRE EITHER A DRIVER'S LICENSE # OR SS #

*Email _____ **WE WILL EMAIL YOUR PETS VACCINE REMINDERS**

*Mailing Address _____

*City/State/Zip Code _____

*Phone Number _____ Emergency Phone Number _____

Place of Employment/Phone Number _____

Spouse or Co-owner's Name/Phone Number _____

Name of Previous Veterinary Hospital _____

PET NO. 1

Name _____

Please circle: Dog or Cat? Male or Female?

DOB or Estimated Age _____

Breed _____

Color _____

Spayed or Neutered _____

Reason for visit _____

PET NO. 3

Name _____

Please circle: Dog or Cat? Male or Female?

DOB or Estimated Age _____

Breed _____

Color _____

Spayed or Neutered _____

Reason for visit _____

PET NO. 2

Name _____

Please circle: Dog or Cat? Male or Female?

DOB or Estimated Age _____

Breed _____

Color _____

Spayed or Neutered _____

Reason for visit _____

PET NO. 4

Name _____

Please circle: Dog or Cat? Male or Female?

DOB or Estimated Age _____

Breed _____

Color _____

Spayed or Neutered _____

Reason for visit _____

- I hereby authorize the veterinarian to examine, prescribe for, treat, the above described pet(s).
- I assume responsibility for all charges incurred in the care of these pet(s).
- **I understand payment is expected at the time services are rendered.**

Owner Signature _____ Date _____

Method of Payment: Cash Check Master Card Visa Discover

There is a \$35.00 fee for all returned checks.