

LONGLeAF ANIMAL HOSPITAL SOUTHERN PINES, NC CLIENT REGISTRATION FORM

*First Name _____ MI _____ Last Name _____

*Mailing Address _____

*City/State/Zip Code _____

*Home Phone _____ Cell Phone _____

*WHICH IS YOUR PRIMARY PHONE NUMBER HOME CELL

***OWNER DATE OF BIRTH (IF A CONTROLLED SUBSTANCE NEEDS TO BE DISPENSED THE PHARMACY REQUIRES THE OWNERS DATE OF BIRTH)**

*Email _____ WE WILL ONLY EMAIL REMINDERS OR REBATE INFO

*Social Security Number _____ Driver's License and State _____

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

*Employer _____ Work Phone _____

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

Previous Veterinarian _____

PET INFORMATION

Pet's Name	Cat	Dog	Birthdate/Age	F/M	Spay/Neuter	Breed	Color	Microchipped

PLEASE CHECK ALL THAT APPLY:

Is your pet allergic to anything? Has your pet ever had a vaccine reactions?

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Get interactive with your pet's health online!

By providing us with your email address, you will be invited to join Petly, a free interactive website to help you manage your pet's health. With Petly you can request appointments, upload pictures, receive vaccine reminders, see medical history and more!! Longleaf AH will keep your email private.

- 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 DUE AT THE TIME SERVICES ARE RENDERED.**

Owner Signature _____ Date _____

***There will be a \$25.00 fee for all returned checks**