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 ☐**
*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 expected at the time services are rendered.**

Owner Signature_____Date_____

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