

Falconbridge Animal Hospital
1401 W. NC Hwy 54
Durham, NC 27707

919-403-5591



Village Veterinary Hospital
50150 Governors Dr.
Chapel Hill, NC 27517

919-967-4779

REGISTRATION

Full Name: _____

Co-Owner: _____

Physical Address: _____

City: _____ State: _____ Zip: _____ County: _____

Do you have an e-mail address that you check regularly?

Mailing Address: (if different than above) _____

Preferred Method of Contact: E-mail US Postal Service

(If you choose email you will receive your pet's medical reminders by email via your Petly Portal (go to Petly to personalize your settings), as well as periodic announcements and promotions relevant to your pet and our clientele. Our post card reminders are sent out via a third party provider.)

Primary Phone _____ please circle: home, work, cell, or other _____

Send me text messages on this number. (We can only text to one phone number.)

2nd Phone _____ please circle: home, work, cell, or other _____

Send me text messages on this number. (We can only text to one phone number.)

3rd Phone _____ please circle: home, work, cell, or other _____

Who can we thank for the referral? _____

Please check if you are aware that we:

are AAHA Accredited are Cat Friendly Certified have Fear Free Certified Staff Members

Did this affect your decision to come to our practice? Yes No

Patient's Name _____

Please Circle: Cat, Dog, or Other _____ Breed _____

Sex _____ Neuter/Spayed: Yes No Birthdate _____

Color _____ Tattoo/Microchip # _____

Does your pet have any known allergies? _____

Please send or have your previous veterinarian send your pet's vaccine and/or medical information to info@FalconbridgeAnimal.com or fax to 919-408-0485.

Previous animal hospital _____ Phone number _____

Is your pet on Heartworm Prevention? Yes No Which type? _____

_____ *(Initials-optional)* You may use my pets' pictures and first name on Falconbridge and Village Vets social media accounts and websites (www.FalconbridgeAnimal.com).

I understand that limited information will be provided to third party providers to facilitate reminders for my pet(s), as well as to provide information that the doctors at Falconbridge and Village Vets deem relevant, such as, product recalls, hospital events, pet insurance information, and promotions.

Payment is expected as services are rendered. Treatment plans with associated prices can be provided at any time at your request.

SIGNATURE: _____ **DATE:** _____