

# Website Member Wellness Registration

To become a registered member with our office simply fill out the form below. Once your membership request has been approved, you will be notified via email. Please make sure the email address you provide is accurate.

Please note that we respect your privacy, and will not loan, sell, or otherwise distribute your personal information to any third party.

Fields marked with an \* are required for registration.

## General Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Birthday: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## Member Log-In: Specify desired email address and password for website access

\*E-Mail Address: \_\_\_\_\_

\*Password: \_\_\_\_\_

**Yes, I would like to receive special announcements from the office and a free subscription to the Newsletter.**

### Check off topics of interest:

Dogs

Cats

Doctor's Announcements