

Please check one:  CHOICE  SELECT  BASIC UNITED PET CARE. L.L.C – ENROLLMENT FORM

<b>Email:</b> _____						<b>Office Use Only</b>				
Company	<b>917</b>	Home Telephone	Last Name	First Name	Initial	ACT	QBK	CHG	VFX	GPS
Work Telephone		Cell Number	Home Address			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CODE: B=Bird C=Cat D=Dog F=Ferret H=Horse R=Rabbit			City	State	Zip Code	Sales No. <b>1</b>				
<b>Pet's Names</b>	<b>Code</b>	<b>Color</b>	<b>Age/DOB</b>	<b>Breed</b>	<b>Sex M/F</b>	<b>Effective Date</b> _____				
						<b>* Veterinary Office Selected #</b> _____				
* This Membership Form cannot be processed unless the 'Veterinary Center Selection' box is completed.										
<b>My signature acknowledges that membership in UPC is for a period of one (1) year</b>										
<b>Employee Signature</b> _____										

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