

For office use only

Date: _____ Entered by: _____
Account number: _____ New Client _____ New Patient _____

HEALTHY PETS OF ROME HILLIARD, INC. CLIENT REGISTRATION FORM

******Please PRINT legibly so that we may ensure data is entered in system correctly******

Name: _____
LAST name FIRST name MIDDLE initial

Spouse: _____
LAST name FIRST name MIDDLE initial

Address: _____
STREET ADDRESS (NO P.O. BOX'S) CITY STATE ZIP

Cell Phone: _____ (Used for Pet Desk Communication)

Home Phone: _____ Spouse Cell Phone: _____

Email Address used for Pet Desk login & reminders:

How did you hear about us? _____

*****Next, below please list only those new to the clinic*****

Pet No. 1.

Pet No. 2.

Name: _____

Name: _____

Birth Date: _____

Birth Date: _____

Breed: _____ Color: _____

Breed: _____ Color: _____

Circle: Dog Cat Other: _____

Circle: Dog Cat Other: _____

Circle: Male/Female Neutered/Spayed?

Circle: Male / Female Neutered/Spayed?

When and where last vaccinations done? _____

When and where last vaccinations done? _____

*******Due to increased number of fraudulent checks, We DO NOT ACCEPT CHECKS*******

I/We understand that the total amount is due and payable at the time services are rendered. All account balances are due upon release of your pet. Feel free to discuss your pet's treatment program and it's cost with the doctor at any time. If Healthy Pets of Rome Hilliard, Inc., should require outside agents to collect any default amounts, all reasonable collections, finance charges, attorney fees and court costs will be my/our responsibility as well as all principal costs due.

Signature or authorized agent for owner

Date