Client Account Number:   Date:   Entered by:								
Healthy Pets of New Albany New Client Registration Form     Please check: New Client   Current Client/ New Patient	· · · · · · · · · · · · · · · · · · ·			D. (		E ( 1)		
New Client Registration Form Please check: New Client [ ] Current Client/ New Patient [ ]  Owner Name:  Last Name First Name Middle Initial/Name  Co-owner (if applicable)  Last Name First Name Relationship  Address:  Street Address City State Zip  Cell Phone:  Secondary Phone:  Email Address:  Emergency Contact Name:  Phone:  How did you hear about us? (Circle One)  Current Vetcare Client: Their Name:  Yellow Pages Website Sign/Drive by Pets without Parents Staff member Google Search Other (please specify):  We regularly post our patients to our Facebook page. For you to grant permission for us to post your pet on our Facebook page, please sign here.  Pet's Information  Name:  Birth Date:  Breed:  Color:  Breed:  Color:  Species:  Dog  Cat  Species:  Dog  Cat  Sex: Male/Female Neutered/Spayed  ***********************************	Client Account	Number:	Шо	l .	vy Alban			
Please check: New Client [ ] Current Client/ New Patient [ ]  Owner Name:  Last Name First Name Middle Initial/Name  Co-owner (if applicable)  Last Name First Name Relationship  Address:  Street Address City State Zip  Cell Phone:  Email Address:  Emergency Contact Name:  Phone:  How did you hear about us? (Circle One)  Current Vetcare Client: Their Name: Yellow Pages Website Sign/Drive by Pets without Parents Staff member Google Search Other (please specify):  We regularly post our patients to our Facebook page. For you to grant permission for us to post your pet on our Facebook page, please sign here.  Pet's Information  Name:  Birth Date:  Birth Date:  Breed:  Color:  Species: Dog Cat  Species: Dog Cat  Sex: Male/Female Neutered/Spayed  ***********************************						-		
Owner Name:  Last Name First Name Middle Initial/Name  Co-owner (if applicable)  Last Name First Name Relationship  Address:  Street Address City State Zip  Cell Phone:  Email Address:  Emergency Contact Name:  Phone:  How did you hear about us? (Circle One)  Current Vetcare Client: Their Name:  Yellow Pages Website Sign/Drive by Pets without Parents Staff member Google Search Other (please specify):  We regularly post our patients to our Facebook page. For you to grant permission for us to post your pet on our Facebook page, please sign here.  Pet's Information  Name:  Birth Date:  Birth Date:  Breed:  Color:  Species:  Dog  Cat  Species:  Dog  Cat  Sex: Male/Female Neutered/Spayed  ***********************************								
Co-owner (if applicable)  Last Name First Name Relationship  Address:  Street Address City State Zip  Cell Phone:  Email Address:  Emergency Contact Name:  Phone:  How did you hear about us? (Circle One) Current Vetcare Client: Their Name: Yellow Pages Website Sign/Drive by Pets without Parents Other (please specify):  We regularly post our patients to our Facebook page. For you to grant permission for us to post your pet on our Facebook page, please sign here.  Pet's Information  Name:  Birth Date:  Breed:  Color:  Breed:  Color:  Species: Dog Cat  Species: Dog Cat  Sex: Male/Female Neutered/Spayed ************************************								
Last Name First Name Relationship  Address:	Owner Name: Last Name			First Name		Middle Initial/Name		
Last Name First Name Relationship  Address:	Co-owner (if an	oplicable)						
Street Address  City  State  Zip  Cell Phone:  Email Address:  Emergency Contact Name:  Phone:  How did you hear about us? (Circle One)  Current Vetcare Client: Their Name:  Yellow Pages Website Sign/Drive by Pets without Parents Staff member Google Search Other (please specify):  We regularly post our patients to our Facebook page. For you to grant permission for us to post your pet on our Facebook page, please sign here.  Pet's Information  Name:  Birth Date:  Birth Date:  Breed:  Color:  Species:  Dog  Cat  Sex: Male/Female  Neutered/Spayed  ***********************************						Relationship		
Street Address  City  State  Zip  Cell Phone:  Email Address:  Emergency Contact Name:  Phone:  How did you hear about us? (Circle One)  Current Vetcare Client: Their Name:  Yellow Pages Website Sign/Drive by Pets without Parents Staff member Google Search Other (please specify):  We regularly post our patients to our Facebook page. For you to grant permission for us to post your pet on our Facebook page, please sign here.  Pet's Information  Name:  Birth Date:  Birth Date:  Breed:  Color:  Species:  Dog  Cat  Sex: Male/Female  Neutered/Spayed  ***********************************	A 11							
Emergency Contact Name: Phone:	Address:	Street	Address		Stat	e	Zip	
Emergency Contact Name: Phone:  How did you hear about us? (Circle One) Current Vetcare Client: Their Name: Yellow Pages Website Sign/Drive by Pets without Parents Staff member Google Search Other (please specify):  We regularly post our patients to our Facebook page. For you to grant permission for us to post your pet on our Facebook page, please sign here.  Pet's Information Name: Name: Birth Date: Birth Date: Color: Breed: Color: Color: Species: Dog Cat  Sex: Male/Female Neutered/Spayed Sex: Male/Female Neutered/Spayed ************************************	Cell Phone:	Cell Phone: Secondary Phone:						
How did you hear about us? (Circle One) Current Vetcare Client: Their Name: Yellow Pages Website Sign/Drive by Pets without Parents Staff member Google Search Other (please specify):  We regularly post our patients to our Facebook page. For you to grant permission for us to post your pet on our Facebook page, please sign here.  Pet's Information Name: Birth Date: Birth Date: Breed: Color: Breed: Color: Species: Dog Cat Species: Dog Cat Species: Dog Cat Sex: Male/Female Neutered/Spayed ************************************	Email Address:							
Current Vetcare Client: Their Name: Yellow Pages Website Sign/Drive by Pets without Parents Staff member Google Search Other (please specify):  We regularly post our patients to our Facebook page. For you to grant permission for us to post your pet on our Facebook page, please sign here.  Pet's Information Name:  Birth Date:  Birth Date:  Breed:  Color:  Species:  Dog  Cat  Species:  Dog  Cat  Sex: Male/Female  Neutered/Spayed  ***********************************	Emergency Cor	ntact Name:		Phon	ne:			
Other (please specify):  We regularly post our patients to our Facebook page. For you to grant permission for us to post your pet on our Facebook page, please sign here  Pet's Information  Name: Name:  Birth Date: Birth Date: Color:  Species: Dog Cat Species: Dog Cat  Sex: Male/Female Neutered/Spayed Sex: Male/Female Neutered/Spayed ************************************								
your pet on our Facebook page, please sign here.  Pet's Information  Name:  Birth Date:  Breed:  Color:  Species:  Dog  Cat  Sex: Male/Female  Neutered/Spayed  ***********************************						f member	Google Search	
Name:		_			_	_	_	
Name:				Pat's Information				
Breed: Color: Breed: Color:  Species: Dog Cat Species: Dog Cat  Sex: Male/Female Neutered/Spayed Sex: Male/Female Neutered/Spayed  ***********************************	Name:							
Species: Dog Cat Species: Dog Cat  Sex: Male/Female Neutered/Spayed Sex: Male/Female Neutered/Spayed  ***********************************	Birth Date: Birth Date:							
Sex: Male/Female Neutered/Spayed Sex: Male/Female Neutered/Spayed ************************************	Breed:	Co	olor:	_ B	Breed:		Color:	
**************************************	Species:	Dog	Cat	S	pecies:	Dog	Cat	
Due to the increased number of fraudulent checks, we will no longer accept checks from new clients for			- ·				1 .	
	Due to the incre	eased number	r of fraudulent c	hecks, we will no le	onger accep	pt checks fi	rom new clients for	

I/we understand the total amount of all services performed will be due and payable at the time the services are rendered. Please feel free to discuss your pet's treatment program and its cost with your doctor at any time. If Healthy Pets of New Albany, LLC. should require outside agents to collect any default amounts, I hereby agree that all reasonable collections, finance charges, attorney fees and court costs will be my/our responsibility as well as all principal costs due.

Last update: 12.27.23 lrt