For office use only:				
Client Account Number:	Date:	Entered	by:	
	<b>Healthy Pets of Houk</b>			
	ew Client Registratio			
Please check: N	New Client [ ] Current	Client/ New Pati	ient [ ]	
Owner Name:				
Owner Name: Last Name	First Name	Middle Initial/Name		
Co-owner (if applicable)				
Last Name	First Name	Relation	onship	
Address:				
Address: Street Address	City	State	Zip	
	•		•	
Cell Phone:	Secondary Phone:			
Fmail Address:				
Email Address:				
Emergency Contact Name:	Phone: _			
How did you hear about us? (Circle Or Current Vetcare Client: Their Name: _Yellow Pages Website Sign/Drive by Other (please specify):	y Pets without Parents	Staff member	Google Search	
We regularly post our patients to our F your pet on our Facebook page, pleas	1 0 1		<del>-</del>	
N.	Pet's Information			
Name:	Name	<b>:</b>		
Birth Date:	Birth	Birth Date:		
Breed: Color:	Breed	l:	Color:	
Species: Dog Cat	Speci	es: Dog	Cat	
Sex: Male/Female Neutered/Spayed	d Sex: J	Sex: Male/Female Neutered/Spayed		
********	LEASE READ!!	******	*****	
Due to the increased number of fraudulen				
one year from the date the initial record w				

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 Houk Road, 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.

Date:

Last update: 12.27.23 lrt