

Account number:

Date:

HEALTHY PETS OF LEWIS CENTER  
NEW CLIENT REGISTRATION

8025 Orange Centre Dr.  
Lewis Center, OH 43035  
740-549-4100

Please check one of the following: ( ) New Client ( ) Current Client/New Patient

Owner Name: \_\_\_\_\_  
Last Name First Name Spouse Name

Address: \_\_\_\_\_  
Street Address City State Zip

Driver's License/State ID#: \_\_\_\_\_ Home Ph#: \_\_\_\_\_

Cell Ph#: \_\_\_\_\_ Work Ph#: \_\_\_\_\_

Preferred Contact Method: Please choose one Phone Text (cell #)

Referred by: Yellow Pages Sign/Drive By Website Friend \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Ph#: \_\_\_\_\_

Permission to post your pet's picture to our Facebook page? Yes / No

Would you like access to Healthy Pets Pet Portal? Yes/No Email address needed for this service \_\_\_\_\_

PET NO. 1

PET NO. 2

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Birth Date : \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Dog Cat Other: \_\_\_\_\_

Dog Cat Other: \_\_\_\_\_

Male/ Female Neutered/Spayed

Male/ Female Neutered/Spayed

When/where were last vaccines done? \_\_\_\_\_  
Long term problems? Current medications?

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\*\*\*\*\*MUST READ\*\*\*\*\*

I/we understand the amount is due and payable at the time that services are rendered. Due to the increased number of fraudulent checks, there will be **NO checks accepted on ANY New Client** until that client has become established with our office. All account balances are due upon release of your pet. Feel free to discuss your pet's treatment program and its cost with the doctor at any time. If Healthy Pets of Lewis Center, Inc. should require outside agents to collect any default amounts, all reasonable collections, finance charges, attorney fees and court costs will be my/our responsibilities as well as all principle costs due.

Please circle method of payment  
Visa Mastercard Discover Cash Carecredit

Signature of owner or authorized agent for owner

Date