

For office use only: Client/Patient Account Number: \_\_\_\_\_ Date: \_\_\_\_\_  
Entered by: \_\_\_\_\_

**HEALTHY PETS OF ROME HILLIARD CLIENT REGISTRATION FORM**  
2194 Hilliard Rome Road, Hilliard, OH 43026  
telephone: 614-876-0455

\*\*\*Please check one of the following: [ ] New Client [ ] Current Client/ New Patient\*\*\*

Name: \_\_\_\_\_  
LAST name FIRST name MIDDLE INITIAL

Address: \_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ which do you prefer for contact?

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ may we contact you? Y/N

Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Driver's License #/State: \_\_\_\_\_ Exp.Date: \_\_\_\_\_

Who recommended us to you? \_\_\_\_\_  
Person's name, yellow pages, sign, newspaper, another dvm office, tv, ad, internet, other

Can we contact you by email? Yes/NO Email Address: \_\_\_\_\_

Can we contact you by cell phone? Yes/NO Number: \_\_\_\_\_

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? \_\_\_\_\_

Long term medical problems? Current medications? \_\_\_\_\_

Long term medical problems? Current medications? \_\_\_\_\_

**\*\*\*MUST READ\*\*\* Due to increased number of fraudulent checks, there will be NO checks accepted on any new client accounts until that client has become established with our office or a period of one year. \_\_\_\_\_ initials**

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 owner or authorized agent for owner \_\_\_\_\_ date \_\_\_\_\_  
method of payment: [ ] cash [ ] visa [ ] mastercard [ ] debit card [ ] discover [ ] carecredit