

HEALTHY PETS OF WESTGATE CLIENT REGISTRATION FORM

3588 W. Broad Street, Columbus, Ohio 43228

Telephone: 614-279-8415

Client/Patient Account Number: _____ Date: _____

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: _____ Employer Name: _____ Work Phone: _____

Email Address: _____

Emergency Contact Name: _____ Number: _____

Driver's License #: _____ Expiration Date: _____ State Issued : _____

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

Pet No. 1.
Name: _____

Pet No. 2.
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 for 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 Westgate, 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
information entered by: _____ (staff member's name)