

**HEALTHY PETS OF OHIO, INC. CLIENT REGISTRATION FORM
Columbus, Ohio**

Client/Patient Account Number: _____ Date: _____
Please check one of the following: [] New Client [] Current Client/ New Patient

Name: _____
LAST name FIRST name MIDDLE INITIAL

Spouse/Authorized User: _____ Number: _____
This person is authorized to make medical decisions and will be responsible for payment. You as the owner are responsible for removing this person if you wish not to have them listed on this account.

Address: _____
STREET ADDRESS (NO P.O. BOX'S) CITY STATE ZIP

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____
(The purpose of email is so that you will have availability to your pets shot records and will receive reminders from our clinic for annual vaccines)

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

Preferred Method of Contact (please circle one): Telephone, Cell Phone, Email, Postal Mail

Who recommended us to you? _____
Person's name, Internet, Yellow pages, Street Sign, DVM clinic

Pet No. 1.
Name: _____

Birth Date: _____

Breed: _____ Color: _____

Circle: Dog Cat Other: _____

Circle: Male/Female Neutered/Spayed?

When and where last vaccinations done? _____

Long term medical problems? Current medications?

Pet No. 2.
Name: _____

Birth Date: _____

Breed: _____ Color: _____

Circle: Dog Cat Other: _____

Circle: Male / Female Neutered/Spayed?

When and where last vaccinations done? _____

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 Bren-Lor, 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 of owner or authorized agent for owner Date

Information entered by: _____ (staff member's name)