

For office use only: Client Account Number: _____	Date: _____
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Healthy Pets of Wedgewood New Client Registration Form

Owner Name: _____
 Last Name First Name Middle Initial/Name

Address: _____
 Street Address City State Zip

Home Phone: _____ Cell Phone: _____ Work Phone(optional): _____

Emergency Contact Name: _____ Phone: _____

Email Address: _____ Driver's License (required): _____

How did you hear about us?: (circle one)

- A Current Healthy Pets Client: **Name:** _____ **Pet's Name:** _____
- Yellow Pages • Website • Sign/Drive by • Another DVM • Petland • New Neighbor Letter • Other _____

Pet Information

Name: _____ Name: _____

Birth Date: _____ Birth Date: _____

Breed: _____ Color: _____ Breed: _____ Color: _____

Species:(circle) Dog Cat Other _____ Species:(circle) Dog Cat Other _____

Sex:(circle) Male/Female Neutered/Spayed Sex:(circle) Male/Female Neutered/Spayed

*******PLEASE READ!!!*******

Due to the increased number of fraudulent checks, there will be NO checks accepted from any new client for one year or until that client has become established with our office. **Please Initial** _____

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 Wedgewood, Inc. 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.

Signature of owner or authorized agent for owner _____

Date: _____