For Office Use Only: Client/Patient Account Number:_____ Date:_____

( ) New Client ( ) Current Client/New Patient **Initials**_____

HEALTHY PETS OF ROME HILLIARD CLIENT REGISTRATION FORM
2194 Hilliard-Rome Road, Hilliard, Ohio 43026
(614) 876-0455 * romehilliard@healthypetsofohio.com

Name_____
Last Name First Name Middle Initial_

Address_____
Street Address City State Zip

Home Phone_____ Cell Phone_____

Employer_____ Work Phone_____

Emergency Contact Name_____ Phone Number_____

Driver's License /State ID/State of Issue_____

Who recommended us to you? _____
Person's Name, Yellow Pages, Sign, Newspaper, Other

Can we contact you by email? NO Yes/Email Address_____

PET NO. 1

Name_____

Birth Date_____

Breed_____ Color_____

Male◯ Neutered◯ Female◯ Spayed◯

When and where last vaccinations done?

_____

PET NO. 2

Name_____

Birth Date_____

Breed_____ Color_____

Male◯ Neutered◯ Female◯ Spayed◯

When and where last vaccinations done?

_____

*****MUST READ*****We do not accept checks on any new account until that client has become established with our office for a minimum of 1 (one) year. _____ (initials)
I/We understand that the total amount is due and payable at the time that services are rendered. 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 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 of owner or authorized agent for owner date

Method of Payment: Cash Visa/MasterCard Discover Debit Care Credit