For office use only

Date: _____ Entered by: _____

Account number: _____New Client_____ New Patient_____

HEALTHY PETS OF BREN-LOR, INC. CLIENT REGISTRATION FORM

******Please PRINT legibly so that we may ensure data is entered in system correctly******

Name: _____
LAST name FIRST name MIDDLE initial

Spouse: _____
LAST name FIRST name MIDDLE initial

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

Home Phone: _____ Cell Phone: _____ Spouse #_____

Email Address: _____
@ gmail.com @ yahoo.com @ outlook.com @aol.com @sbcglobal.net @hotmail.com @columbus.rr.com @att.net

How did you hear about us? _____

*****Next, below please list only those new to the clinic*****

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? _____
_____	_____

**********Due to increased number of fraudulent checks, We DO NOT ACCEPT CHECKS************

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 or authorized agent for owner Date