

Account number:

Date:

**HEALTHY PETS OF LEWIS CENTER
NEW CLIENT REGISTRATION**

8025 Orange Centre Dr.
Lewis Center, OH 43035
740-549-4100

Please check one of the following: () New Client () Current Client/New Patient

Owner Name: _____
Last Name First Name Spouse Name

Address: _____
Street Address City State Zip

Primary Phone#: _____

Secondary Ph#: _____ Work Phone#: _____

Email address: _____

Referred by (circle one): **Yellow Pages** Sign/Drive By Website Friend _____
Other _____

Emergency Contact Name: _____ Ph#: _____

PET # 1

PET # 2

Pet # 3

Name: _____
Birth Date: _____

Name: _____
Birth Date: _____

Name: _____
Birth Date: _____

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

Dog Cat Other: _____

Dog Cat Other: _____

Dog Cat Other: _____

Male/ Female Neutered/Spayed

Male/ Female Neutered/Spayed

Male/Female Neutered/Spayed

*******MUST READ*******

I/we understand the amount is due and payable at the time that services are rendered. Due to the increased number of fraudulent checks, there will be **NO checks accepted on ANY New Client** until that client has become established with our office for one year. 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 Lewis Center, Inc. should require outside agents to collect any default amounts, all reasonable collections, finance charges, attorney fees and court costs will be my/our responsibilities as well as all principle costs due.

As owner, I also give permission to Healthy Pets to use my pet(s) picture on social media. If you decline Healthy Pets using your pet(s) picture, please initial here _____

Please circle method of payment

Visa Mastercard Discover Cash Carecredit

Signature of owner or authorized agent for owner

Date