For office use only: Client Account Number:	Date:	Entered by:

Healthy Pets of Hayden Run
New Client Registration Form

Please check: New Client [ ] Current Client/ New Patient [ ]

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

Co-owner (if applicable) _____
Last Name First Name Relationship

Address:_____
Street Address City State Zip

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

Email Address:_____

Emergency Contact Name:_____ Phone:_____

How did you hear about us? (Circle One)
A Current Healthy Pet Client: Their Name:_____
Internet search Website Sign/Drive by Staff member Other (please specify): _____

We regularly post our patients to our Facebook page. For you to grant permission for us to post your pet on our Facebook page, please sign here. _____

Pet's Information

Name: _____ Name: _____

Birth Date: _____ Birth Date: _____

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

Species: Dog Cat Other_____ Species: Dog Cat Other_____

Sex: Male/Female Neutered/Spayed Sex: Male/Female Neutered/Spayed

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

Due to the increased number of fraudulent checks, we will no longer accept checks from new clients for one year from the date the initial record was 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 Vetcare Animal Wellness LLC. 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:**

Haydenrun@healthypetsofohio.com