

Client/Patient Account Number: \_\_\_\_\_ Date: \_\_\_\_\_

**HEALTHY PETS OF WEDGEWOOD  
NEW CLIENT/PATIENT REGISTRATION FORM  
4041 Attucks Drive  
Powell, Ohio 43065  
614-932-1000**

Please check one of the following: [ ] New Client [ ] Current Client/New Patient

Owner Name: \_\_\_\_\_  
Last Name First Name Middle Initial/Name

Address: \_\_\_\_\_  
Street Address City State Zip

Home Phone: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Who recommended us to you? \_\_\_\_\_  
Person's Name, Yellow Pages, Sign, Newspaper, Another DVM office, Welcome Wagon, Other

**Would you like your pets image/name put on our facebook page? Yes \_\_\_ or No \_\_\_**  
**Would you like Healthy Pets of Wedgewood to notify you by e-mail No Yes E-mail address \_\_\_\_\_**

**We will not give your or sell your e-mail address to any other company.**

**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? \_\_\_\_\_

\_\_\_\_\_  
Long term problems? Current Medications? Long term problems? Current Medications?

**\*\*\*\*MUST READ\*\*\*\*** Due to the increased number of fraudulent checks, there will be NO checks accepted on any new client account until that client has become established with our office \_\_\_\_\_ initials.

I/We understand 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 it's cost with the doctor at any time. If Healthy Pets of Wedgewood, 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 owner or authorized agent for owner

\_\_\_\_\_  
Date

Method of payment: Please circle Cash Visa/Mastercard Discover