

Aggieland Animal Health Center

Registration for New Patients

Client Information

Owner's Name:	Courtesy Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr.
Home Address:	Apt#:
City, State, and Zip:	Email Address:
Home Phone: () -	Cell Phone: () -
Work Phone: () -	Occupation:
Co-Owner:	Relationship:
Emergency Contact:	Phone Number: () -
<i>How did you hear of us?</i>	

We require the following information for check writing purposes:

Driver's License Number:	State:	D.O.B.: / /
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Patient Information

Patient's Name:	D.O.B.: / /	<input type="checkbox"/> Dog <input type="checkbox"/> Cat	Breed:
<input type="checkbox"/> Male or <input type="checkbox"/> Female	<input type="checkbox"/> Neutered	<input type="checkbox"/> Spayed	Color:
Is your pet on heartworm prevention?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, what type?	
Is your pet currently on any medications?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, what type?	
Are there any medical problems that should be known?			
Are there any behavioral problems/ phobias that should be known?			
Are you aware of any allergies?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, please list:	
Previous Veterinarian:	Last Vaccinated:		

By electronically filling in my name below or signing once the document is printed, I certify that the information in this application is true and correct to the best of my knowledge. I understand that Aggieland Animal Health Center expects payment in full when services are rendered, and in some cases, a deposit may be required in advance. I understand that should this account become delinquent for any reason, including a returned check, I will be responsible for legal fees, court costs, or collection charges. In order to avoid misunderstandings, we urge that all fees be discussed before services are performed.

While my pet is under the care of Aggieland Animal Health Center; I authorize whatever treatment is necessary should an emergency arise, and I accept responsibility for any additional expenses incurred. I also authorize Aggieland Animal Health Center to tranquilize my pet should it become necessary for treatment and handling.

Signature: _____ **Date:** / /

Co-Owner's Signature: _____ **Date:** / /

*** If applicable, please provide the name(s) of anyone Aggieland Animal Health Center is authorized to release your pet to:**