

Aggieland Animal Health Center
Registration for New Patients
Client Information

Owner's Name: _____	Courtesy Title: Mr. Mrs. Ms. Miss Dr.
Home Address: _____	Apt#: _____
City, State, and Zip: _____	Email Address: _____
Primary Phone: _____	Alternative Phone: _____
Work Phone: _____	Occupation: _____
Co-Owner: _____	Relationship: _____
Emergency Contact: _____	Phone Number: _____
How did you hear of us? _____	

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: _____	Dog	Cat	Breed: _____
Male / Female	Neutered / Spayed	D.O.B.: _____	Color: _____
Is your pet on heartworm prevention? Yes / No If so, what type? _____			
Is your pet currently on any medications? Yes / 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? Yes / No If so, please list: _____			
Previous Veterinarian: _____		Last Vaccinated: _____	
Do you have pet insurance? Yes / No If so, what company? _____			

By signing, 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: _____

May we feature your pet on social media websites? Yes / No

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