

# Aggie Animal Clinic of Dixon

## Owner & Patient Registration Form

### Client/Owner Information

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Driver's License: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Spouse or Co-Owners Name: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Driver's License: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Do you qualify for a Senior Citizens Discount (65 or older)? .....  Yes  No  
Referred by: \_\_\_\_\_ (name of person, yellow pages, signs, ads, etc.)

<u>DATE</u>	<u>METHOD OF PAYMENT</u>				
_____	CASH <input type="checkbox"/>	CHECK <input type="checkbox"/>	VISA <input type="checkbox"/>	MASTERCARD <input type="checkbox"/>	OTHER <input type="checkbox"/>
_____	CASH <input type="checkbox"/>	CHECK <input type="checkbox"/>	VISA <input type="checkbox"/>	MASTERCARD <input type="checkbox"/>	OTHER <input type="checkbox"/>
_____	CASH <input type="checkbox"/>	CHECK <input type="checkbox"/>	VISA <input type="checkbox"/>	MASTERCARD <input type="checkbox"/>	OTHER <input type="checkbox"/>
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_____	CASH <input type="checkbox"/>	CHECK <input type="checkbox"/>	VISA <input type="checkbox"/>	MASTERCARD <input type="checkbox"/>	OTHER <input type="checkbox"/>
_____	CASH <input type="checkbox"/>	CHECK <input type="checkbox"/>	VISA <input type="checkbox"/>	MASTERCARD <input type="checkbox"/>	OTHER <input type="checkbox"/>
_____	CASH <input type="checkbox"/>	CHECK <input type="checkbox"/>	VISA <input type="checkbox"/>	MASTERCARD <input type="checkbox"/>	OTHER <input type="checkbox"/>

### **Patient/Pet Information**

**Pet #1:** Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Species:  CAT  DOG  BIRD  REPTILE  RABBIT  RODENT  
Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Color: \_\_\_\_\_ Neutered/Spayed: \_\_\_\_\_  
Date last Vaccinations: DHLPP (canine distemper/parvo): \_\_\_\_\_ Rabies: \_\_\_\_\_  
FVRCP (feline distemper) \_\_\_\_\_ Felv (feline leukemia): \_\_\_\_\_ Other: \_\_\_\_\_  
Tested for leukemia (feline) or heartworm (canine): Yes  No  Date: \_\_\_\_\_ Results \_\_\_\_\_  
List any long-term medical problems: \_\_\_\_\_  
Current medications (i.e. heartworm) used recently: \_\_\_\_\_

I hereby authorize Aggie Animal Clinic to examine, prescribe for, treat, or perform surgery upon the above-described pet(s). I also consent to the administration of such anesthetics as are necessary. Furthermore, I agree to pay fees for services rendered at the time the pet is discharged from the Clinic or when service is otherwise terminated. I further understand that veterinary service is provided during the nighttime hours as necessary in the judgment of the Veterinarian in charge. Continuous presence of qualified personnel may not be provided at all times.

Signature of Owner or Responsible Agent: \_\_\_\_\_ Date: \_\_\_\_\_