# Tarrytown Veterinary Clinic

**New Client Registration Form**

Welcome to Tarrytown Veterinary Clinic! Please complete this form to help us provide the best possible veterinary care for your furry family member.

---

## Client Information

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
Primary Phone: _____
Secondary Phone: _____
Email Address: _____
Preferred Contact Method: □ Phone □ Text □ Email
How did you hear about Tarrytown Veterinary Clinic? _____

---

## Pet Information

Pet's Name: _____
Species: □ Dog □ Cat □ Other: _____
Breed: _____
Color/Markings: _____
Date of Birth/Age: _____
Sex: □ Male □ Female Spayed/Neutered: □ Yes □ No
Microchip Number (if applicable): _____

---

## Medical History

Previous Veterinary Hospital: _____
Date of Last Visit: _____
Current Medications: _____
Known Allergies: _____
Medical Conditions/Concerns: _____

---

## Emergency Contact

Name: _____
Relationship: _____
Phone Number: _____

---

## Consent and Authorization

I authorize **Tarrytown Veterinary Clinic** to provide veterinary care for my pet(s). I understand that payment is due at the time services are rendered unless prior arrangements have been made. I agree to be responsible for all charges incurred for my pet's care.

Signature: _____ Date: _____

---

**Thank you for choosing Tarrytown Veterinary Clinic!**
If you have any questions while completing this form, please call us at 512-500-2468 or email us at info@tarrytownvet.com. We look forward to meeting you and your pet!

**Location:**
2301 Lake Austin Boulevard
Austin, TX 78703

**Hours:**
Monday – Friday: 8:00 AM – 6:00 PM
Saturday – Sunday: Closed

---

## Office Use Only

Patient ID: _____ Date Entered: _____ Staff Initials: _____