



## New Client Form

**Tarrytown Veterinary Clinic**

2301 Lake Austin Blvd.

Austin, TX, 78703

512-500-2468

info@tarrytownvet.com

### OWNER REGISTRATION

Name (First and Last): \_\_\_\_\_

Secondary Owner Name (First and Last): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

### PATIENT INFORMATION

Pet Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Please select one: ☐ Dog ☐ Cat Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Please select one: ☐ Male ☐ Male/Neutered ☐ Female ☐ Female/Spayed

Is your pet taking any medications (including Heartworm, flea & tick medications)? ☐ Yes ☐ No

- If yes, please list, including dosage & frequency: \_\_\_\_\_

What is your main reason or concern for today's appointment? \_\_\_\_\_

Any previous surgeries or serious illnesses? ☐ Yes ☐ No

- If yes, please explain: \_\_\_\_\_

Does your pet have any known allergies? ☐ Yes ☐ No

- If yes, please explain: \_\_\_\_\_

Does your pet have vaccination history? ☐ Yes ☐ No If yes, please email to us at **info@tarrytownvet.com**

How did you hear about us? \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*All accounts are payable at the time of consultation unless a prior arrangement has been made.*

***We look forward to a long and healthy relationship with you and your pet(s)!***