



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)!