

New Client Information

Thank you for choosing Tualatin Park Veterinary Clinic. We are excited to have the opportunity to serve you and your pet. Please take a few minutes to help us get to know you.

Your Name _____ Spouse/Partner _____

Mailing Address _____

Street Address

City

State

Zip Code

County

E-Mail Address _____

Phone # _____ Cell # _____ Work # _____

Spouse/Partner # _____ Preferred contact form: E-mail Phone

Who may we thank for your referral? _____

	Pet #1	Pet #2
Name of Pet:		
Species:		
Breed:		
Color:		
Male/Female		
Spayed or Neutered?		
Age/Birth Date:		
Pet Insurance Carrier:		
Is your pet Microchipped?		

Where can we call for previous records for your pet(s)? _____

Is there anything you would like us to know about your pets previous medical history? _____

Is your pet currently taking any medications or supplements? _____

Are you the owner or party responsible for making medical and financial decisions? _____

Signed _____ Date _____

By signing this form you are agreeing that you are responsible for making decisions regarding the health and welfare of the pets listed above.

Be sure to install the PetDesk App on your smartphone and/or tablet for easy ways to keep track of your pets medical needs and schedule appointments online.

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