



Crestview Veterinary Clinic

7415 Burnet Road
Austin, TX 78757
Phone: 5125352100
Fax: 5126726197
info@crestviewvc.com
www.crestviewvc.com

New Pet Form

Welcome to Crestview Veterinary Clinic! We are so happy that you and your pet are here!

PATIENT INFORMATION

Patient Name: _____

Date of Birth/Approximate Age: _____

Species: (circle one) Canine Feline

Sex: (circle one) Male Female Unknown

Is your pet microchipped? ___ If yes, what is their microchip number? _____

Breed: _____ Primary Color: _____

How long have you owned this dog/cat? _____

Has your dog/cat been vaccinated? (Circle One) No / Yes (Date: _____)

Has your dog/cat been spayed/neutered? (Circle One) No / Yes (Date: _____)

Is your dog/cat currently on heartworm preventative? No / Yes If yes, please list type _____

Is your dog/cat currently on flea/tick prevention? No/Yes If yes, please list type _____

What is your pet's main diet, including treats? Please list type and daily amount given:

Does your pet have any drug allergies/special concerns/previous surgeries we should know about? If so, please specify:

Is your pet currently on any medications? (If yes, please list name, strength, and amount given daily)

Who is your pet's previous veterinarian? Name: _____ Phone: _____

Do you authorize the release of your pet's medical records to Crestview Veterinary Clinic? Yes / No

Signature: _____ Date: _____