

Emergency Veterinary Clinic of Tualatin

New Patient Information Form

Welcome to the **Emergency Veterinary Clinic of Tualatin**. Our staff is dedicated to the optimum in patient care and will do its utmost to make your pet's stay pleasant and beneficial. Please feel free to ask any questions concerning the treatment of your pet or other policies of the clinic. To help us serve you better, please provide us with the following information.

Owner Name _____ Spouse/Significant Other _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell _____ Other _____ Work _____

Non-Owner Name _____ Home Phone _____ Cell _____

Address _____ City _____ State _____ Zip _____

Patient Information	Pet #1		Pet #2		Pet #3	
Name						
Breed						
Date of Birth / Age						
Color						
Sex: (circle)	Female Spayed	Male Neutered	Female Spayed	Male Neutered	Female Spayed	Male Neutered
Regular Veterinary Clinic						
Alternate Veterinary Clinic						

Reason for visit today? _____

Any previous illnesses, surgeries or history of seizures? _____

Any allergies to vaccinations or medications? _____

Is your pet on any special diets or medications? _____

Is your pet currently under treatment by a specialist? _____

Emergency Veterinary Clinic of Tualatin
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