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## New Pet Form

Patient Name: \_\_\_\_\_ DOB/ Approximate age \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Dog  Cat      Sex:  Male  Female  Unknown

Altered:  Spayed (Female)  Neutered (Male)

Is your pet microchipped?  Yes  No

Permission to scan for a microchip:  Yes  No

I authorize the release of my pet's medical records to Crestview Veterinary Clinic at Tech Ridge  Yes  No

Previous Veterinarian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any allergies or medical condition(s) you would like the veterinarian to be aware of below:

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## Social Media Consent

We have pictures attached to our patient profiles so we can help familiarize and recognize your pets! For this reason, we ask for your consent to take pictures of your pet.

YES, I give permission for you to photograph my pet.  NO, please do not take pictures of my pet.

Please indicate if you give Crestview Veterinary Clinic at Tech Ridge permission to use photos of your pet online. This includes but is not limited to our Facebook and Instagram.

YES, you may post pictures of my pet.  NO, I would prefer if you did not post pictures of my pet.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_