



**Trousdale County Veterinary Services**  
Dr. Michael Towns, DVM and Dr. Cassandra Bates, DVM  
700 E. McMurry Blvd, Hartsville TN 37074  
(615) 374-0330 Fax: (615) 374-9999

# New Patient Registration Form

Date: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Spouse/Other: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer's Name and Address: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Cat: \_\_\_\_\_ Dog: \_\_\_\_\_ Other (specify): \_\_\_\_\_ Male: \_\_\_\_\_ Neutered: \_\_\_\_\_

Breed: \_\_\_\_\_ Female: \_\_\_\_\_ Spayed: \_\_\_\_\_

Color: \_\_\_\_\_ Date of Last Rabies Vaccine: \_\_\_\_\_

Reason for today's visit: \_\_\_\_\_

\_\_\_\_\_

Has your pet been treated for any illnesses in the past year? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, please specify the problem(s) including the diagnosis, type of medication, and the dosage (if known).

\_\_\_\_\_

Please list the names and types of any other animals that you own: \_\_\_\_\_

\_\_\_\_\_

How did you first hear of us? \_\_\_\_\_

**I assume responsibility for all charges incurred in the care and treatment of this animal. I also understand that these charges will be paid at the time of release and a deposit may be required for some medical and/or surgical procedures.**

**OWNER or RESPONSIBLE PARTY:** \_\_\_\_\_