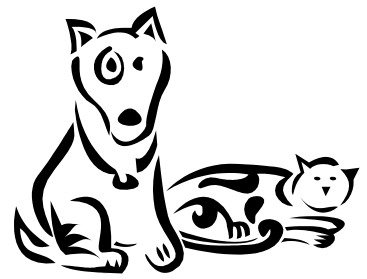


Hidden Valley Animal Clinic

100 Oakhurst Dr
McMurray, Pa 15317
724-941-3900



New Patient Information

Owner's name: _____ Client#: _____

Pet's name: _____ Species: _____ Breed: _____

Sex: _____ Neutered: YES NO Color: _____

Age: _____ Date of Birth: _____ Personality of pet: _____

Please indicate how long you have owned your pet and where he/she was originally obtained:

Please list the entering complaint/reason for today's visit:

Please list any ongoing medical problems:

Please list any prior medical problems, surgeries, dental procedures, or injuries/trauma:

Please list any current medication (including heartworm, flea/tick preventatives):

Please list any known reactions/allergies to medications, vaccines, or anesthetics:

Current diet: _____ Other pets in household: _____

Please indicate if your pet boards at a kennel: goes outside (cats only) or lives/plays in a wooded area:

List date(s) of most recent vaccinations: _____

Do you have with you any previous medical records: YES NO

If not who was your previous Veterinarian or Animal Clinic, if any:

Thank You