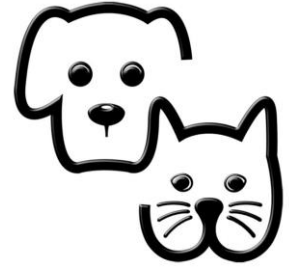


# Hidden Valley Animal Clinic

100 Oakhurst Drive  
McMurray PA 15317  
724-941-3900



## New Patient Information

Owner's name: \_\_\_\_\_ Pet's name: \_\_\_\_\_

Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: M F Color: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Spayed/ Neutered: Yes No Personality of pet: \_\_\_\_\_

How long have you owned your pet and where was he/she originally obtained: \_\_\_\_\_

Do you have any previous medical records with you: Yes No

If not who was your previous Veterinarian: \_\_\_\_\_

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

\_\_\_\_\_

Please list any ongoing medical problems, surgeries, dental procedures, or injures/ traumas:

\_\_\_\_\_

\_\_\_\_\_

Please list any current medications and/or supplements (i.e. heartworm, flea/ tick preventatives):

\_\_\_\_\_

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

\_\_\_\_\_

### Social Media Consent

I grant permission to Hidden Valley Animal Clinic, its employees and authorized representatives to take photographs and/ or videos of my pet. Hidden Valley Animal Clinic may also use and publish my pet's story, including relevant medical history. I agree that Hidden Valley Animal Clinic may use such photographs, videos, or stories including me and/ or my pet with or without our names and for any lawful purpose, including for example such purposes as social media, publicity, advertising, and other web content.

Yes, I consent

No, I do not consent

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date