

**HIDDEN VALLEY ANIMAL HOSPITAL**

**NEW PATIENT INFORMATION**

Pet's Name: \_\_\_\_\_

Date of Birth or Approximate Age: \_\_\_\_\_

Species:     Canine\_\_\_     Feline:\_\_\_     Avian:\_\_\_     Other:\_\_\_\_\_

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

Sex:     Male:\_\_\_     Female:\_\_\_     Neutered or Spayed: Yes or No (circle one)

Vaccinations:

Where Given: \_\_\_\_\_

Date Given:

Canine:     Rabies: \_\_\_\_\_     Feline:     Rabies: \_\_\_\_\_

                 DHPPC: \_\_\_\_\_     FVRCPC: \_\_\_\_\_

                 Bordetella: \_\_\_\_\_     Bordetella: \_\_\_\_\_

                 Lymes: \_\_\_\_\_     FIP/FIV/FELV: \_\_\_\_\_

Canine: - Has the dog been tested for heartworms and is the dog on heartworm preventative?  
                 Yes                    No     (please circle one)

Last Date Tested: \_\_\_\_\_

Name of Heartworm Preventative: \_\_\_\_\_

Does your pet have **any allergies** of any kind (drugs, foods etc.)? Yes \_\_\_ No \_\_\_  
If yes what? \_\_\_\_\_

Any long-term problems? Any current medications?:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOR OFFICE USE ONLY**

Owners Account Number: \_\_\_\_\_