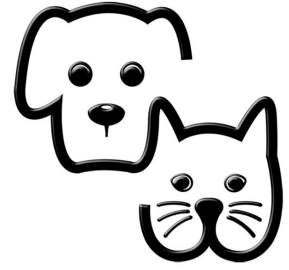


East Maiden Animal Clinic

498 East Maiden Street
Washington, PA 15301



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 East Maiden Animal Clinic, its employees and authorized representatives to take photographs and/ or videos of my pet. East Maiden Animal Clinic may also use and publish my pet's story, including relevant medical history. I agree that East Maiden 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