

PET REGISTRATION AND HISTORY

Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you have about your pet's health. To ensure the best care possible, please take the time to fill out this form completely.

REGISTRATION

Owner: _____ Cell Phone: _____
Home: _____ Work: _____ E-Mail: _____
Address: _____ Apt. # _____ City: _____ State _____ Zip: _____
Spouse/Partner: _____ Cell Phone: _____
Emergency Contact Name: _____ Cell Phone: _____

Patient reminders and clinic updates are sent via email so make sure email is legible and kept updated

How did you learn of our clinic? Website Google Next Door Referral Sign Other
If recommended, by whom? _____

PET HEALTH HISTORY

Name of Pet: _____ Dog/Cat Breed: _____ Color: _____
DOB or Age: _____ Male Neutered Female Spayed
When/where did you acquire your pet: _____
When was your pet's last vaccinations: _____
Is your pet currently on heartworm prevention? Yes No If yes, any missed doses? Yes No
Does your pet take any other medications or supplements? Yes No If yes, please list: _____

Is your pet on a special diet? Yes No If yes, please list: _____
Does your pet have any known allergies? Yes No If yes, please list: _____
Are there other pets in the household? Dogs Cats Other _____
Is there anything additional you would like us to know about your pet? _____

AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe and treat the above pet. I assume responsibility for charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and a deposit may be required.

Owner Signature: _____ Date: _____

I hereby authorize Lookout Mountain Veterinary Clinic the right to take, edit, alter, copy, exhibit, publish, or distribute any and all pictures or videos taken of me and/or my pet to be used in and/or for any lawful promotional materials including, but not limited to, social media platforms, newsletters, posters, brochures without payment or any other consideration. This authorization extends to all media formats and markets now known or later discovered. This indefinitely, unless I otherwise revoke this authorization in writing. I waive the right to inspect or approve any in which my likeness appears, including written or electronic copy.

I consent to the above I do **NOT** consent to the above

PLEASE PRINT AND FILL OUT FORM AND BRING TO APPOINTMENT OR EMAIL BACK TO US AT LMVC3@AOL.COM