

# WELCOME TO OUR PRACTICE / Photo / Video Release Form

Thank you for giving us the opportunity to care for your pet. Please help us meet your needs better by taking a moment to share some important information we will need as we support your pet's needs today and in the future.

**PLEASE PRINT IN ALL SPACES - Must be 18 years of age or older to complete this form.**

OWNER'S NAME: \_\_\_\_\_ SPOUSE/OTHER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PREFERRED PHONE#: \_\_\_\_\_ CELL PHONE#: \_\_\_\_\_

WORK#: \_\_\_\_\_ SPOUSE/OTHER#: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

HOW DID YOU HEAR ABOUT US:  Yellow Pages  Sign  Internet Site, specify: \_\_\_\_\_

Recommendation: IF RECOMMENDED, WHO CAN WE THANK? \_\_\_\_\_

Magazine/Newspaper, specify: \_\_\_\_\_  Other, specify: \_\_\_\_\_

On occasion, there may be a health concern we want you to know about. We regularly send out e-newsletters with helpful tips for the health care of your pet(s) and would love for you to follow us on Facebook! We also want to be able to send you a "thank you" for any referral you might give, a best wish for your pet(s) Birthday or holiday, special offers on health care products that we recommend and of course, reminders for upcoming vaccinations due and appointments made.

Please check (X) below for **any and all ways** in which you are willing to be communicated:

: Phone \_\_\_\_\_ : Text \_\_\_\_\_ : Email \_\_\_\_\_

**We respect your privacy and will not sell, rent or trade any of your personally identifiable information.**

**The above are for communications from our hospital to you, and will not be used for any other reason.**

I hereby grant Linden Heights Animal Hospital permission to use my pet(s) photograph/video on their website, social media, promotional materials and in their office, without compensation. Materials will become the property of Linden Heights Animal Hospital. (Please initial) Yes \_\_\_\_\_ No \_\_\_\_\_

**TO PREVENT THE SPREAD OF INFECTIOUS DISEASES AND PARASITES, HOSPITALIZED AND BOARDED PETS MUST BE CURRENT ON ALL VACCINATIONS AND FREE OF INTERNAL AND EXTERNAL PARASITES. I authorize the doctor to provide vaccines and parasite control as needed for my pet. Please initial: \_\_\_\_\_**

I hereby authorize the veterinarians at Linden Heights Animal Hospital to examine, prescribe for, and treat my pet(s). Any animal admitted or hospitalized shall receive the necessary diagnostic tests and treatment to ensure proper medical care. I agree to pay for all services rendered and medications, goods and supplies when purchased. I understand that a deposit may be required for surgical or medical treatment. A written estimate will be provided upon request. We accept cash, check, Visa, Mastercard, Discover, American Express and debit cards. **ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.**

We provide a senior citizen discount for Physicals and Vaccines. Please check here if you are 65 or older: \_\_\_\_\_

By my signature below, I hereby acknowledge that I am 18 years of age or older, I agree to all the above and acknowledge the receipt of a copy of this agreement (upon request).

Signature of Owner or Agent: \_\_\_\_\_ Date: \_\_\_\_\_

Office use only: Reviewed by: \_\_\_\_\_

Signature of Owner or Agent: \_\_\_\_\_ Date: \_\_\_\_\_

Office use only: Reviewed by: \_\_\_\_\_

**ANIMAL MEDICAL HISTORY** (Please complete all information for each pet)

	PET #1	PET #2	PET #3
Name			
Species (dog,cat,other)			
Breed			
Color & Markings			
Date of Birth or Age (years)			
Sex			
Length of Time Owned			
Spayed/Neutered			
Vitamins (Type)			
Diet (kind of pet food)			
Type of Grooming Product			
Hours Spent Outside Each Day			
<b>VACCINATIONS</b>			
DHLP (distemper - dog)			
Parvovirus (dog)			
Kennel Cough (dog)			
Lyme Disease (dog)			
Coronavirus (dog)			
FVRCP (distemper - cat)			
Feline Leukemia Virus			
Rabies (dog/cat)			
Heartworm Test			
Heartworm Prevention			
Fecal Exam			
Dentistry			
Prior Illness			
Prior Surgery			

**PET ORIGIN:**     Humane Society     Pet Shop     Breeder/Kennel     Advertisement  
 Friend     Stray     Individual (nonbreeder)