



Patient Registration

____ New Client ____ Current Client
Client Name: _____

Name: _____
Species: ____ Canine (Dog) ____ Feline (Cat)
Date of Birth / Age: _____
Breed: _____
Sex: ____ Male ____ Neutered Male ____ Female ____ Spayed Female
Color(s): _____ Additional Markings? _____
Microchip ID#: _____ (If applicable – we can scan for a chip if needed)

Medical History

Previous Veterinarian: _____ May we have records transferred? Yes No
Date of Last Rabies Vaccine: _____ Date of Last Vaccinations: _____
Is your pet on a monthly Flea/Tick or Heartworm Prevention? Yes No
If yes, what type? _____ Date of last dose: _____
What do you regularly feed your pet? _____ Amount? _____
What treats do you feed your pet? _____ How often? _____
Please list any anxiety/behavior conditions: _____
Please list any current medications: _____

Please list any known allergies: _____

Please list any previous surgeries or serious illnesses: _____

Please list any other pets you have:

Name:	Species:	Breed:	Age:
1.			
2.			
3.			
4.			

Social Media Release

We occasionally see photo worthy moments while your pet is in our clinic and would like to know if you are okay with us capturing and posting those pictures on our Social Media venues.

I, the undersigned, do hereby grant permission to Logue's TLC Pet Hospital to post my pets' photo(s) or other items, hereinafter referred to as "Materials", on their TLC Pet Hospital Facebook Page, website, printed materials, and/or other social media venues. I hereby release you and your employees from all claims and demands arising out of or in connection with any use of said "Materials", including, without limitation, all claims for invasion of privacy, infringement of my right of publicity, defamation and any other personal and/or property rights.

I acknowledge and agree that no sums whatsoever will be due to me as a result of the use of the "Materials" or any rights therein for Logue's TLC Pet Hospital newsletters or publications.

Indicate one (1) of the following:

- Yes, I agree to the above statements, and hereby grant permission.
- No, I would not like my pets' photo(s) released, but I have read and understand the form.

Owner Signature: _____ Date: _____