



Lifetime Animal Care Center  
Quality Care With A Gentle Touch

Last name: \_\_\_\_\_

Date \_\_\_\_\_

## Pet Information

Name \_\_\_\_\_ Species: Cat Dog

Breed \_\_\_\_\_ DOB/Age \_\_\_\_\_ Color \_\_\_\_\_

Sex: Male Male-Neutered Female Female-Spayed

**Vaccine History** Please indicate the date your pet last received the following recommended vaccines:

### Cats

### Dogs

FVRCP \_\_\_\_\_

DAPP \_\_\_\_\_/Lepto \_\_\_\_\_

Leukemia \_\_\_\_\_

Bordetella \_\_\_\_\_

Rabies \_\_\_\_\_

Rabies \_\_\_\_\_

## Medical History

Has your cat had a fecal test, if so, what date? \_\_\_\_\_

Has your cat had a Leukemia/FIV blood test, if so, what date? \_\_\_\_\_

Has your dog had a fecal test, if so, what date? \_\_\_\_\_

Has your dog had a heartworm blood test, if so, what date? \_\_\_\_\_

How many hours a day does your pet spend outdoors? \_\_\_\_\_

What type of flea and heart worm preventative are you currently using? \_\_\_\_\_

Any prior history of illness or surgery? \_\_\_\_\_

Is your pet currently on any medications? (Please indicate the dosage and duration)

Does your pet have any drug allergies? \_\_\_\_\_

Any concerns regarding your pet's behavior? (i.e. housebreaking/litterbox training, digging, barking, inappropriate chewing) \_\_\_\_\_

What does your pet eat? (Please indicate how much and how often) \_\_\_\_\_

Does your pet receive any treats or extras? (Please explain) \_\_\_\_\_

## Photo Release

I do hereby consent and agree that Lifetime Animal Care Center, its employees, or agents have the right to take photographs or digital recordings of my pet(s) and release all rights to exhibit this work in print and electronic form publicly or privately. I also understand that Lifetime Animal Care Center is not responsible for any expense or liability incurred as a result of the aforementioned participation in any photographs or recordings. I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

**Yes, I give permission for my pet's photo to be used as noted above.**  **No, please do not use my pet's photo.**

I understand that I am financially responsible for all charges. If it becomes necessary to hire an outside agency to collect payment for my account, I agree to pay any and all collection charges, billing fees, and legal fees. Note that an \$8.00 per month billing fee will be applied to all balances on account over 30 days.

**Party responsible for authorizing and paying for services, please sign below.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Professional fees are to be paid at the time that services are rendered. We accept Cash, Checks, Debit Card, Master Card, Visa, Discover, American Express and Care Credit

**Thank you for allowing our hospital the opportunity to care for your pet!**