



# Lone Tree Veterinary Medical Center

*"We believe that all pets deserve to have a good life."*

*Please tell us about your pet by completing the following questionnaire.  
If you have more than one pet, please complete a separate questionnaire for each.*

**Pet's Name** \_\_\_\_\_ **Owner's Name** \_\_\_\_\_

**Breed** \_\_\_\_\_ **Color** \_\_\_\_\_

**Birth Date** \_\_\_\_\_ **Gender**  Male  Female

**Does your pet have a microchip?**  Yes  No

**Is your pet spayed or neutered?**  No  Spayed  Neutered

**Date of most recent vaccinations:** \_\_\_\_\_

**Did you bring written proof of current vaccinations?**  Yes  No

**Facility where vaccinations were given:** \_\_\_\_\_

**Where did you acquire your pet?**  Private Party  Breeder  Pet Store  Shelter

Rescue  Other \_\_\_\_\_

**Date you acquired your pet:** \_\_\_\_\_

**Please list any prior illness and/or surgeries your pet has had:**

<u>Illness:</u>	<u>Date:</u>	<u>Surgery:</u>	<u>Date:</u>
_____	_____	_____	_____
_____	_____	_____	_____

**Is your pet on any medications?**  Yes  No **If "yes", please list below:** \_\_\_\_\_

**What food is your pet currently eating?** \_\_\_\_\_

How Much? \_\_\_\_\_ How often each day? \_\_\_\_\_

**Where does your pet live?**  Indoors only  Outdoors only  Both indoors & outdoors

**Does your pet do any of the following?**  Play outside  Go on outdoor walks / hikes / swims

Go to dog parks  Go to pet stores  Go camping  Go to other public places

**Has your pet traveled outside of the Denver Metro area?**  Yes  No

**If "yes", where?** \_\_\_\_\_

**Name of person(s) you authorize to act on your behalf in your absence, including, transport of your pet and making decisions regarding your pet's care, medical or otherwise:** \_\_\_\_\_

\_\_\_\_\_ **Phone #** \_\_\_\_\_



## Lone Tree Veterinary Medical Center

### PHOTOS RELEASE FORM

In consideration of my desire that I and/or my pet receive recognition and/or public exposure, I hereby grant the Lone Tree Veterinary Medical Center (LTVMC) permission to use my and my pets' likeness in a photograph, video, and all digital media ("photos") for any lawful purpose, including but not limited to web-based publications, marketing materials and all other publications without payment or other consideration.

I understand and agree that all photos will become and are the property of LTVMC and will not be returned.

I hereby irrevocably authorize LTVMC to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, I waive any and all rights to inspect or approve the finished product wherein my and/or my pets' likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photos.

I hereby hold harmless, release, and forever discharge LTVMC from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, assigns, and any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I HAVE READ AND UNDERSTAND AGREE TO THE ABOVE RELEASE. I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_