

Patient/Client Information

Thank you for giving us the opportunity to care for your pet(s). Please help us better meet your needs by taking a few moments to fill out both pages of this information sheet. *If, at any time in the future, you want to change the name of the owner of your pet(s) you will need to come in and provide written permission.*

Owner's Name: _____ Spouse/Sig. Other: _____

Address: _____ City: _____ Zip: _____

Home # _____ Work # _____ Work # (spouse/other) _____

Cell # _____ Cell # (spouse/other) _____

E-Mail _____

(At the bottom of your first email is an Opt-Out button where you can choose what (if any) kind of emails you wish to receive from us.)

In Case of EMERGENCY, Call _____ At Phone # _____

Employer: _____ Occupation: _____

Name of Previous/Current Veterinarian: _____

How did you hear of our hospital? () Individual, Someone We May Thank? _____
() Location/Hospital Sign () Internet

We have changed our adult canine patients to a three year vaccine schedule for the core vaccines (Rabies, Distemper, Hepatitis, Parvo). Other vaccines that may be needed based on risk assessment may be required more often. We are also encouraging wellness exams every six months as current recommendations have shown that this increases the chance of detecting disease early and improves the ability to manage diseases better when they are caught in early stages. As part of this change, we are recommending giving any needed vaccinations at the first six month visit and performing any lab tests at the next six month exam (Blood Parasite Screen (**heartworms**), Intestinal Parasite exam, and other bloodwork). As we are not **requiring** a six month exam schedule, we understand that some clients may want to continue with a once a year schedule. Please indicate your wishes by checking one of the following: **[] 6 Month Protocol [] 12 Month Protocol**

Do you want us to send you reminders about vaccinations? [] Yes [] No

Do you want to authorize release of medical/vaccination history to other animal hospitals, kennels, or groomers?

[] Yes [] No

To help prevent the spread of infectious diseases, hospitalized and boarded animals must be current on all vaccinations. DUE TO STATE LAW AND INSURANCE REQUIREMENTS, ALL DOGS & CATS MUST BE CURRENT ON RABIES VACCINATION. Vaccination can be updated at the time of your appointment if it is not current.

I understand every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. Furthermore, I agree to pay fees for services rendered at the time the pet is discharged from the hospital or the service is otherwise terminated. I agree to pay for the reasonable costs of collection in the event that collection efforts become necessary. I understand that a service fee of \$25.00 will be assessed for each non-sufficient fund check. If I neglect to pick up my pet(s) within 5 days of the discharge date and do not notify you within that time period, you may assume that he/she/they are abandoned and are hereby authorized to dispose of them as you deem best and/or necessary.

Professional fees are due at time services are rendered.

We accept Visa, MasterCard, Discover, American Express, and Care Credit.

Signature of person responsible for account

Date

Animal Medical History

Please complete information for all your pets - Thank You!	Pet #1	Pet #2	Pet #3
Pet's Name			
Species (Dog, Cat)			
Breed			
Description (Color and Markings)			
Age or Date of Birth (Approximate)			
Male or Female?	M - F	M - F	M - F
Neutered or Spayed?	Yes - No	Yes - No	Yes - No
If not, are you going to?	Yes - No	Yes - No	Yes - No
Microchip number? If yes, what is it?			
Diet (Name of Your Pet's Food)			
Daily Medications, Vitamins or Treats			
Heartworm Preventative			
Shampoo/Flea Products Used			
Hours Spent Outside Each Day			
<i>Thank You!</i>			

Lawrenceville Animal Care Center

1720 Lawrenceville Highway | Lawrenceville, GA 30044 | Phone 770-682-0682 | Fax 770-682-0811

Financial Policy

Thank you for choosing Lawrenceville Animal Care Center. Our primary mission is to deliver the best and most comprehensive veterinary care available for your pet. An important part of the mission is making the cost of optimal care as easy and manageable for our clients as possible by offering several payment options. Lawrenceville Animal Care Center requires payment in full at the end of your pet's examination and/or at the time of discharge.

Payment Options:

You can choose from:

- Cash, Check, Visa®, MasterCard®, American Express® or Discover Card®
- Convenient Monthly Payment Plans¹ from CareCredit®
 - o Allow you to begin treatment today and pay over time
 - o Available for any treatment amount
 - o Can be used repeatedly - for your entire family - without having to reapply¹

Deposit:

For some treatments or hospitalized care, a deposit may be required. Healthcare plans requiring comprehensive care of more than \$500 or more, will require a 1/3 deposit to begin your pet's treatment.

Additional Policy Information:

Lawrenceville Animal Care Center charges \$25 for returned checks. For clients with pet insurance, we are happy to provide you with the necessary documentation to submit a claim to your insurance carrier.

If you have any questions, please do not hesitate to ask. We are here to provide the best veterinary care available for your pet.

By signing below, you agree to the foregoing terms of payment:

Client/Owner Signature

Date

Client/Owner Name (Please Print)

¹Subject to credit approval