

Lofton Creek Animal Clinic
CLIENT/ INFORMATION ACCT# _____

Welcome to Lofton Creek Animal Clinic. To ensure the best care possible for your pet, please complete this form. Thank you for the opportunity to care for your pet(s).

Today's Date: _____

Owner's Name: _____

Co-Owner's Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Primary Contact Number: _____

Secondary Contact number: _____

E-Mail _____

Emergency Contact Name: _____

Number _____

How did you find out about us?

Pet Information

Pet Name: _____ **Dog** _____ **Cat** _____

Breed: _____

Color: _____ **Age/Birth:** _____

Sex: _____ **Spayed/Neutered** Y N

On Heartworm Preventative? Y N

Type: _____

On medications or prescription diets? _____

Previous Veterinarian or Clinic Name: _____

Pet Information

Pet Name: _____ **Dog** _____ **Cat** _____
Breed: _____

Color: _____ **Age/Birth:** _____
Sex: _____ **Spayed/Neutered** Y N

On Heartworm Preventative? Y N
Type: _____

On medications or prescription diets? _____

Previous Veterinarian or Clinic Name: _____

TO PREVENT THE SPREAD OF INFECTIOUS DISEASES AND INTERNAL/EXTERNAL PARASITES, ANIMALS THAT ARE ADMITTED TO OUR CLINIC MUST BE CURRENT ON ALL VACCINES UNLESS BY DOCTOR'S AUTHORIZATION. I authorize the doctor on duty to provide medical care, vaccines and parasite control for my pet. I give LCAC permission to video and photograph my pet. I understand that all **FEES ARE PAYABLE AS SERVICES ARE RENDERED AND PATIENTS ARE DISCHARGED FROM OUR CLINIC.**

We do not offer any form of billing. We accept cash, VISA, Mastercard, American Express, Discover and Care Credit as forms of payment. **We no longer accept checks.** A deposit may be required for major procedures. This also applies to extensive treatment of severely ill patients or boarders staying longer than one week unless prior arrangements have been made. All information I have provided here is true to the best of my knowledge. I have read and understand the Terms of Service

Owner's Signature

Date

LOFTON CREEK ANIMAL CLINIC POLICIES

ACCT: _____

All animals must be on a leash or in a carrier when entering the clinic. Rabies vaccination must be up to date for any doctor or technician visit. If proof of current rabies is NOT provided, a rabies vaccine will be given with a doctor's exam (Fees will apply). We will also request a copy of a previous vet records and vaccines for our records.

A. Emergency Appointment(s):

We do our best to accommodate emergencies during business hours. We recommend you call ahead if at all possible so we can be better prepared for your arrival. Upon arrival to our clinic, a \$125 emergency fee will be due. If your pet requires medical assistance after hours LCAC recommends calling **Blue Pearl Pet Hospital at (904)646-1287**

B. Flea Free Facility: Lofton Creek Animal Clinic is a Flea Free Facility. In order to ensure the wellness of ALL of our patients, any animal found to have fleas while in LCAC will be given a CapStar at owner's expense.

- *Capstar® is an oral tablet that kills adult fleas within minutes for dogs, puppies, cats and kittens 4 weeks of age and older and 2 pounds of body weight or greater.*

C. Payment Policies:

All payment must be received upon services rendered. LCAC does not accept checks.

D. Prescription Policies:

We request at least a 24 hour notice for medication refills. There is a \$15.00 (per pet) annual pharmacy monitoring fee for prescriptions written for medications that you choose to be filled outside of LCAC. Please allow 3-5 business days for written prescriptions.

E. Cancellation Policies:

If at any time you need to reschedule an appointment, a 24 hour notice of cancellation is needed. If no notice is given 24 hours before appointment time, a \$65.00 rescheduling fee will be added to your account. A 24 hour notice is also required to cancel a surgical procedure. Failure to cancel the surgery with at least a 24 hour notice will result in a \$100 charge added to your account.

**Thank you very much for your cooperation.
LCAC Staff**

Print name

Signature

Date