

Lofton Creek Animal Clinic
CLIENT/ INFORMATION ACCT# _____ (clinic use)

Welcome to Lofton Creek Animal Clinic. To ensure the best possible care 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: _____

Circle one: Spouse, Significant Other, Relative, Friend, Other

Address: _____

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

E-Mail _____

Primary Contact Number: _____

Secondary Contact number: _____

Pet Information

Pet 1 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 2 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:

- I Give permission for photos taken of me or my pet(s) to be put on social media such as Facebook, Instagram etc.**
- I Decline any photos taken of me or my pet(s) to be put on social media such as Facebook, Instagram etc.**

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 understand that all fees **ARE PAYABLE AT TIME OF SERVICES RENDERED.**

We do not offer any form of billing. We accept cash, VISA, Mastercard, American Express and Care Credit as forms of payment. We do not accept checks. We reserve the right to require a scheduling fee to hold an appointment time slot. This fee will be credited to your account at time of service or forfeited, if cancelled with less than 24-hour notice. A deposit may be required for major procedures. This also applies to extensive treatment of severely ill patients and surgeries.

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

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 previous vet history and vaccines for our records.

A. Hospital Policies:

All animals need to be current on vaccinations. This includes Rabies, DHLPP, and Bordetella for dogs. FVRCP and Rabies vaccines are required for cats.

B. Emergency Appointment(s):

We do our best to accommodate emergencies during business hours. Please call the clinic to schedule an emergency appointment. A \$130 emergency scheduling fee is required at time of scheduling and will be credited to your account. If your pet requires medical assistance after hours LCAC recommends calling **Vet I Care (904) 268-0399**

C. Flea Free Facility: Lofton Creek Animal Clinic is a Flea Free Facility. To ensure the wellness of ALL our patients, any animal found to have fleas while in LCAC will be given a Capstar at the 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.*

D. Payment Policies:

All payments are due upon services rendered. LCAC does not accept checks.

E. Prescription Policies:

We request at least 24-hour notice for medication refills. All prescriptions filled outside LCAC will require a written prescription to be picked up and sent to the pharmacy by the client. There is a \$30.00 (per pet) annual

pharmacy monitoring fee for written prescriptions that you choose to be filled outside of LCAC. Please allow 3-5 business days for written prescriptions.

F. Lab work Results Policy:

Please allow 3-5 business days for lab work results to return. The clinic will reach out to you when the results have been received.

G. 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 the appointment time, a \$70.00 no show fee will be charged to your account. 48-hour notice is required to cancel a surgical procedure. Failure to cancel the surgery prior to 48-hour notice will result in a \$100 forfeiture of your surgery scheduling fee.

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

Print name

Signature

Date