



PATIENT & CLIENT INFORMATION SHEET

Welcome to Lincoln Land Animal Clinic, Ltd. where we are setting a new standard for care, compassion, and commitment to our patients and our clients. So we may provide you with exceptional service, please share information about you and your pet(s).

Client information:

First name: _____ Last name: _____
Social security number (only required for check writing privileges): _____
Address: _____
City: _____ Zip: _____ County: _____
Primary phone: _____ Alternate phone numbers: _____
Email address: _____
Employer: _____ Number: _____ OK to call you at work? ☐ Yes ☐ No ☐ ER Only
Email address: _____

How do you prefer to receive your pet's reminders? ☐ Email OR ☐ Text OR ☐ Mail

Spouse:

First name: _____ Last name: _____
Social security number: _____ Address (if different than above): _____
Primary phone: _____ Alternate phone numbers: _____
Employer: _____ Number: _____ OK to call you at work? ☐ Yes ☐ No ☐ ER Only

How did you hear about us? (please be specific) ☐ Phonebook (Verizon____ or Yellowbook____) ☐
Person _____ ☐ Regular Vet _____ ☐ Search Engine _____ ☐ Website _____

Patients

Pet's name: _____ Sex: ☐ Male ☐ Female Neutered or spayed ? ☐ Yes ☐ No

Species: ☐ Dog ☐ Cat ☐ Other _____

Pet's Date of Birth:: (Month/Day/Year)____/____/____ Breed _____ Color _____

Reason for bringing pet in: _____

Does your pet have any allergies, special medications, or health problems we should know about?

☐ Yes ☐ No If yes, what _____

What type of food does your pet eat? _____ Treats? _____

Table scraps? ☐ Always ☐ Occasionally ☐ Never

Please list typical human treats you share with your pet: _____

Dates of last vaccinations:

For Dogs: DA2PP (Distemper/Adenovirus/Parainfluenza/Parvo): _____ Rabies: _____

Kennel cough: _____ Heartworm test: _____

Is your dog on heartworm preventive? ☐ Yes ☐ No What kind? _____

For Cats: FVRCP (Feline Rhinotracheitis/Calicivirus/Panleukopenia): _____ Rabies: _____
Feline leukemia: _____ FeLV/FIV test : _____

Where were the most recent vaccinations given? _____

Who was your previous veterinarian? _____ Phone (_____) _____

Additional Pet: (only necessary if you would like additional pets on file)

Pet's name: _____ Sex: ☐ Male ☐ Female Neutered or spayed? ☐ Yes ☐ No

Species: ☐ Dog ☐ Cat ☐ Other _____

Pet's Date of Birth: (Month/Day/Year) ____/____/____ Breed _____ Color _____

Reason for bringing pet in: _____

Does your pet have any allergies, special medications, or health problems we should know about?

☐ Yes ☐ No If yes, what? _____

What type of food does your pet eat? _____ Treats? _____

Table scraps? ☐ Always ☐ Occasionally ☐ Never

Please list typical human treats you share with your pet: _____

Dates of last vaccinations for additional pet:

For Dogs: DA2PP (Distemper/Adenovirus/Parainfluenza/Parvo): _____ Rabies: _____

Kennel cough: _____ Heartworm test: _____

Is your dog on heartworm preventive? ☐ Yes ☐ No What kind? _____

For Cats: FVRCP (Feline Rhinotracheitis/Calicivirus/Panleukopenia): _____ Rabies: _____

Feline leukemia: _____ FeLV/FIV test : _____

Where were the most recent vaccinations given? _____

Who was your previous veterinarian? _____ Phone (_____) _____

We understand that you may not want to see some medical procedures. Of the following procedures, please check those you would like to be present for:

☐ Physical exam ☐ Blood drawing ☐ Vaccinations ☐ Nail trim ☐ Ear cleaning
☐ Rectal/Anal gland exam ☐ Stool sample collection

Please review the following information and retain this page for your records. You will be asked to acknowledge receipt of this information by providing your signature when you check-in for your appointment.

Appointment Policy

To allow ample time for all patients and scheduled surgical procedures, we operate primarily by appointment. Emergency cases shall always receive top priority, which is why occasional appointment delay is inevitable. Please realize that we make a sincere attempt to see each client on time.

For your convenience, day hospitalization appointments are available. "Day hospitalization" means you could bring your pet at the time that works best for you and leave him/her with us for a couple of hours. Usually we will ask you to admit your pet sometime in the morning so our doctors can examine the patient in

between appointments or at the time purposely reserved for admitted patients. Once the doctor is done, they or one of our certified veterinary technicians will give you a call to go over the diagnosis and to give you discharge instructions.

There is a 1/2 day hospitalization fee (\$11.00) in addition to any other services provided that day.

Appointment Cancellation Policy

We call to confirm your appointment 2 days prior to the scheduled date. If you are unable to keep your appointment, please call to cancel at least 24 hours in advance. While we understand that things come up, we appreciate notice when you are unable to keep an appointment. This allows other patients to be seen if you no longer need your appointment time.

Because we want to help as many pets as possible, pre-payment will be required after the third no-call, no-show appointment. We would require pre-payment for the estimated cost of the appointment.

Patient Arrival Policy

Even though we make every effort to make our patients feel comfortable during visits, they may be a little uneasy about new people, new surroundings and other pets.

For your protection, and that of others, all dogs must be on a leash and properly controlled while in the waiting area or exam rooms.

All cats must be presented in an appropriate cat carrier or on a leash.

Prescription Policy

Please check out this link from the AVMA (American Veterinary Medical Association) regarding internet pharmacies: <http://www.avma.org/issues/prescribing/default.asp>

Payment Policy

We require full payment at the time that services are rendered.

For your convenience, we accept Visa, MasterCard, Discover, Care Credit, Cash and Personal Checks.