



LINCOLN  
ANIMAL HOSPITAL



## ANNUAL CHECK-IN SHEET

### Pet Owner Information

First Name: \_\_\_\_\_ Last name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

House number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Spouse/Alternate OWNER Name: \_\_\_\_\_

\_\_\_\_\_ I understand the above (alternate) person can make medical decisions without my authorization. (initial)

### Patient (Pet) Information

Pet Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Any medical care since last visit, including urgent cares? \_\_\_\_\_

Additional Pets in the household (Names): \_\_\_\_\_

### Policies (initial each)

Medication refills or written prescriptions can take 3 business days to fill, I will call before my pet runs out of medication \_\_\_\_\_

I understand that charges may be billed to my account if I do not give a **24hr notice for cancelling appointments** and **7 days for cancelling surgical procedures**. \_\_\_\_\_

I understand that it is my responsibility to be a positive part of my pet's care. Lincoln Animal Hospital will not tolerate any belligerent behaviors. \_\_\_\_\_

All payments are expected at the time of service, an estimate of services will be provided to me at my request. \_\_\_\_\_

We accept cash, check, debit, credit card, care credit, scratch pay, and tap to pay.

*Scan the QR code!* →



#### ONLINE PHARMACY



LINCOLN  
ANIMAL HOSPITAL

#### PET PORTAL



LINCOLN  
ANIMAL HOSPITAL