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