

LUCKNEY

ANIMAL HOSPITAL

Welcome to Luckney Animal Hospital! We are excited you have picked our clinic for the wellness of your pet. Please tell us how you learned about our practice:

Personal Information

Client Name _____ DOB _____

Spouse _____ DOB _____

Social Security Number _____ - _____ - _____ Driver's License # _____

Address _____

City _____ State _____ Zip _____

Email _____

Cell Phone _____ Spouse Cell _____

Work or Alternate Number _____

Pet Information

Name _____ Breed _____

M or F _____ Spayed/Neutered _____ DOB _____

Date of Last Vaccines: _____ Color _____

Has your pet had any illness in the past year? _____

Name _____ Breed _____

M or F _____ Spayed/Neutered _____ DOB _____

Date of Last Vaccines: _____ Color _____

Has your pet had any illness in the past year? _____

Previous Vet _____

Clinic Rules and Client Responsibilities

- Clients are asked to contact Luckney Animal Hospital 24 hours in advance if a scheduled appointment is unable to be honored.
- Please have all pets leashed or in a carrier when visiting our facility.
- All pets must be current on vaccinations and be free of internal and external parasites before being admitted to the clinic. If not, the pet will be vaccinated, bathed, dipped, and/or dewormed at an additional charge to the client.
- Clients are asked to pay their bills in full at the time services are rendered.
- A deposit may be required on any medical procedure before patients are admitted. There is a \$40.00 service charge on all returned checks.

I, _____, grant permission to Luckney Animal Hospital for the use of photographs or electronic media images on their website or other social media platforms.

I give Luckney Animal Hospital permission to use all reasonable precautions against injury, escape, or death of my pet. I also authorize the use of appropriate anesthetics and other medications, and I understand that hospital support personnel will be employed as deemed necessary by the veterinarian. I understand that all anesthetics involve some risk to my pet and will not hold Luckney Animal Hospital liable or responsible in any manner or under any circumstances.

I give Luckney Animal Hospital permission to request my pet's medical records from any other veterinarian or clinic.

I understand that payment must be made in full before a patient can be discharged from the hospital. I also understand that prices quoted before procedures are performed are estimates and may differ from the final charges due to unforeseen circumstances.

By signing below, I agree and understand that the information provided above is true and not misrepresented. I understand and agree that payment is due at time when services are rendered. If I have concerns about costs, I will communicate that with Luckney Animal Hospital at the beginning of the visit so they can prepare me an estimate of cost prior to treatment. I further understand that if I do not pay any fee or fees associated with the collecting of my outstanding bill, those fees will be charged to my bill. I understand that if a bill is not paid in full and financial arrangements have not been made, no further services will be rendered.

Signature _____ Date _____