



**Lake Nona Animal Clinic**  
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**Address:** 12263 Andric Ln. Orlando, Fl. 32827  
**Phone:** (407) 249- 4100 | **Fax:** (407) 704- 7886  
**Email:** lakenonaanimalclinic@live.com

**WELCOME**

Thank you for giving us the opportunity to take care of your beloved pet(s). So that we may serve you better, please complete the following information.

**OWNER INFORMATION**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Primary Phone (Cell): \_\_\_\_\_  
 Secondary Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Place of Employment: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

**CO-OWNER INFORMATION**

Co-Owner: \_\_\_\_\_  
 Primary Phone (Cell): \_\_\_\_\_ Alternative Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Place of Employment: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

**How did you hear about us? (Please check)** Drove by \_\_\_ Internet \_\_\_ Mail \_\_\_ Other \_\_\_  
 Personal Referral (Whom may we thank?) \_\_\_\_\_

**I certify all of the information that I have provided is correct.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

- \_\_\_ Verified ID
- \_\_\_ Information and \_\_\_ Email have been updated
- \_\_\_ Previous Medical HX has been checked and reminders have been updated
- \_\_\_ Scanned into Pt record

## Lake Nona Animal Clinic Policies

Please **initial** next to each statement, **circle** yes or no, and **sign** at the bottom of the page.

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**ALL PAYMENTS ARE DUE AT THE TIME OF SERVICES RENDERED.**

We accept cash, all major credit cards, and care credit.

All balances carried at Lake Nona Animal Clinic over 30 days, will be charged a monthly service fee equal to the minimum charge of \$3.00 or 1.50% of your total balance, per month.

Balances on accounts over 90 days will be submitted to collection and an additional \$30 fee will be added to the amount due, including the original balance plus any accrued fees.

All prescriptions dispensed are **non- returnable** and **non- refundable**. *By law*, we are not permitted to accept back any prescriptions that have left our facility. This includes heartworm preventions, and any flea and/or tick products.

Please allow 24 hours for prescription refill requests to be ready.

We will not sell or share any personal information, unless required by law. The record will be under the primary owner. Any changes to the information on the account, need to be approved by the primary owner. Any changes to the primary owner's name need to be approved and documented. Identification might be required.

Medical records will not be shared, until approved by the primary owner. Once requested, please allow 48-72 hours for full records to be ready. Vaccine information can be faxed and emailed to boarding and grooming facilities, at your request. Allow 2-6 hours for completion. For faster turnaround, please make these requests yourself.

In order to be able to provide timely medical care to all our patients, we have implemented a no- show policy. Being late or not showing up to your scheduled appointment disrupts the daily routine of the clinic and prevents other pets from receiving the care that they deserve. For this reason, we politely ask that you be respectful of others' time and give us a 2-4 hour notice if you are unable to make your appointment. This also helps your reserved time be re- allocated to another pet. Failure to do so, may result in a \$15 no- show fee.

We love our patients and taking pictures with them. Please let us know if you consent to us using your pet(s)'s pictures on our website and social media pages:

**I have read and understand the above statements and agree to all terms therein.**

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

**PET INFORMATION**

So that we may better serve you and your pet, please share with us what previous animal clinic(s) you have gone to. This will ensure that we get complete previous medical records.

Previous Clinics: \_\_\_\_\_

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Please fill out all information, to the best of your knowledge.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Species: **(Please check)** Dog \_\_\_ Cat \_\_\_ Other \_\_\_

Breed: \_\_\_\_\_ Colors/Markings: \_\_\_\_\_

Sex:

Date of last vaccinations? \_\_\_\_\_

Current Medication(s): \_\_\_\_\_

Medical Condition(s): \_\_\_\_\_

Any known allergies? \_\_\_\_\_

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