

# Pet Care Center of Lincoln

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

Last

First

Middle

I am: Owner: \_\_\_\_\_ Relative: \_\_\_\_\_ Friend: \_\_\_\_\_ Caretaker/giver: \_\_\_\_\_ Good Samaritan: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Spouse (Sign. Other) Name: \_\_\_\_\_ Spouse Work Phone: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Contact Person In Case Of Emergency: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Dog: \_\_\_\_\_ Cat: \_\_\_\_\_ Other: \_\_\_\_\_ Birthday (Age): \_\_\_\_\_

Breed: \_\_\_\_\_ Sex: M F Color: \_\_\_\_\_

Has your pet been spayed/neutered? Yes \_\_\_\_\_ No \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Dog: \_\_\_\_\_ Cat: \_\_\_\_\_ Other: \_\_\_\_\_ Birthday (Age): \_\_\_\_\_

Breed: \_\_\_\_\_ Sex: M F Color: \_\_\_\_\_

Has your pet been spayed/neutered? Yes \_\_\_\_\_ No \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Dog: \_\_\_\_\_ Cat: \_\_\_\_\_ Other: \_\_\_\_\_ Birthday (Age): \_\_\_\_\_

Breed: \_\_\_\_\_ Sex: M F Color: \_\_\_\_\_

Has your pet been spayed/neutered? Yes \_\_\_\_\_ No \_\_\_\_\_

Previous Veterinary Hospital or Doctor: \_\_\_\_\_

Medications I Give My Pet: \_\_\_\_\_

I am the owner or authorized agent of this patient(s), and hereby consent and authorize the admitting veterinarians, or staff, of Pet Care Center of Lincoln now and in the future to care for, treat, anesthetize, perform surgery, or dentistry, on the above named patient(s). I further understand that no guarantee of successful treatment is made or implied. I hereby certify that I have read and fully understand this authorization for medical or surgical treatment and the reason why such medical or surgical treatment is considered necessary, as well as its advantages and possible complications, if any. I also assume financial responsibility for all charges incurred to this patient(s). Any legal actions will not forego the payment in full of services and medication or fees necessary for collection of fees.

**Pet Care Center and Pet Resort strictly adhere to the Nebraska Law for Care of Animals, section 28-1009 and section 28-1010** (If you would like to see a copy of this law please ask a staff member)

**It is the policy of the hospital to collect all fees at the time services are rendered.**

I understand and agree that any cellular or land line phone numbers and email addresses provided by myself to this office and to any of our services providers, now and in the future, may be used as a means to contact me, and this this office and our service providers may leave messages for me manually and by using automatic systems such as by artificial or prerecorded voice. I also agree that this office and any service providers may contact me by sending text messages and emails to any phone number or email address I provide to this office or service providers and I consent to receive such text messages and emails which may identify the name of this office or service provider sending the communication, and which may disclose the nature of the communications. In the future, should I acquire a new or different cellular, landline or email address, I agree that this consent would stay effective.

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

Would you like to have your pet's photo and/or story featured on our website and Facebook page? Yes:\_\_\_\_\_ No:\_\_\_\_\_