



**Welcome to Lawndale Veterinary Hospital!** In this packet you will find helpful information including contact information in case of an emergency, our payment policy, appointment policy, and our code of conduct along with our promise to you.

**Mission Statement:**

*'Committed to building lifelong partnerships with pets and owners by focusing on the highest quality veterinary medicine, compassion, education, and prevention.'*

**Our Contact Information:**

Our Phone Number: 336-288-3233

Our Fax Number: 336-545-5478

Our Email Address: [receptiondesk@lawndalevets.com](mailto:receptiondesk@lawndalevets.com)

**The Veterinarian-Client-Patient Relationship:**

The veterinarian-client-patient relationship (VCPR) is the basis for interaction among veterinarians, their clients, and their patients and is critical to the health of animals.

Establishing a veterinarian-client-patient relationship

A VCPR is present when all of the following requirements are met:

1. The veterinarian has assumed the responsibility for making clinical judgments regarding the health of the patient and the client has agreed to follow the veterinarian's instructions.
2. The veterinarian has sufficient knowledge of the patient to initiate at least a general or preliminary diagnosis of the medical condition of the patient. This means that the veterinarian is personally acquainted with the keeping and care of the patient by virtue of a timely examination of the patient by the veterinarian, or medically appropriate and timely visits by the veterinarian to the operation where the patient is managed.
3. The veterinarian is readily available for follow-up evaluation or has arranged for the following: veterinary emergency coverage, and continuing care and treatment.
4. The veterinarian provides oversight of treatment, compliance, and outcome.
5. Patient records are maintained.

**Your First Appointment:**

We require a \$25 deposit for your first appointment. The deposit goes towards your exam fee and is refundable if the appointment is canceled at least 24 hours in advance. We must have a copy of your pet's medical history prior to your first appointment; please read our policy on obtaining your pet's history for more information. Please arrive 15 minutes prior to your scheduled appointment time.

**Obtaining Your Pet's History:**

If your pet has been treated by another veterinary hospital, we will need a copy of the medical records prior to your first appointment. We must have these records at least 72 hours (three business days) prior to your appointment to allow time for processing and for review by our medical team. At a minimum, the records must include vaccination and testing dates. If we do not have those records, we will need to reschedule your appointment. To expedite this process, you can list your previous veterinarian's information below so that we can attempt to get the records prior to your appointment. If records are not available or the former veterinary office will not release the records to us, we will reach out to you so that you can get a copy of the records to us prior to your appointment. If you have paperwork from an animal shelter or breeder you can take a photo of records and email the images to us, or you can stop by our office with a copy.

Previous veterinarian information: \_\_\_\_\_

Does your pet(s) have any medical conditions?    Yes        No

If yes, please list here: \_\_\_\_\_

**Appointment Policy:**

Our doctors see scheduled appointments and drop-offs and make every effort to see urgent, sick, and emergent cases when there is availability. To maintain our standard of high-quality medicine there is a limit to the number of cases we are able to see each day. We do our best to be able to offer you a same day or next day appointment for your pet when they are sick or injured. While we do our best to work with your schedule when scheduling *routine care* appointments, in situations when your pet is sick or injured, we may only be able to offer one appointment time and cannot guarantee that we will be able to work around your schedule. In the best interest of your pet's health, we may ask that you seek the care of an emergency clinic.

We ask that you arrive on time for all scheduled appointments and that if you are running late, you contact us to let us know. Please understand that if you arrive 15 minutes late, we may ask that you reschedule your appointment so that we are able to see our other patients in a timely manner. We reserve the right to charge a missed appointment fee for any missed appointment.

We do our best to not keep you waiting but when emergencies occur, your scheduled appointment may be delayed. We will do our best to communicate with you if there is any delay and ask for your understanding during these times.

**Payment Policy:**

We accept Visa, Mastercard, Discover, American Express, Care Credit, and cash. Payment is due in full when services are rendered.

**Prescription and Refill Policy:**

To prescribe medication for your pet we must have an up-to-date examination with one of our veterinarians within the previous 12 months.

In situations when it is required that you obtain medication from an outside pharmacy, we will ask that you pick up a written prescription from us and take it to a pharmacy of your choice. This ensures we are utilizing our team members' time appropriately, and that the pharmacy has a hard copy on file.

We request that you give us 48-hour notice for prescription and refill requests.

**Phone Calls:**

If you have a question about your pet, please don't hesitate to give us a call. We will do our best to answer your questions over the phone. For non-emergent matters, please allow up to 48 hours (two business days) for a return call as our team has appointments throughout the day. The wait time could be longer if the attending veterinarian is out of the office. We will make every effort to inform you of his/her expected return to the office. Note, there are certain circumstances when we will not be able to answer questions about your pet over the phone; we appreciate your understanding.

**Emergency Services**

<https://lawndalevets.com/emergency-services/>

**Daytime Emergency**

Monday- Friday 7:30 am – 5:00 pm and Saturday 8:00 am – 11:00 am

Please contact us as immediately at 336-288-3233

We do our best to work in as many urgent and emergency patients as we can but there may be some instances when we recommend that you take your pet to one of the emergency hospitals in Greensboro. Please see below for a list of emergency clinics.

**After Hours Emergency**

Please contact one of the following Veterinary Emergency Hospitals in Greensboro:

Happy Tails Veterinary Emergency Clinic

2936 Battleground Ave, Greensboro, NC 27408

336-288-2688

After Hours Veterinary Emergency Clinic

5505 W Friendly Ave, Greensboro, NC 27410

336-851-1990



Carolina Veterinary Specialists  
501 Nicholas Rd, Greensboro, NC 27409  
336-632-0605

**Code of Conduct Agreement:**

Lawndale Veterinary Hospital is excited to have the opportunity to care for your pet(s). As we state in our mission statement, our staff is committed to creating a partnership with you and your pet(s). Our goal is to create a relationship that is built on trust, communication, and respect. Our team of doctors, medical personnel, and office staff promise to speak openly, honestly, and with kindness to you and we ask that you do the same with us. **We will not tolerate aggressive behavior, yelling, threats, or disrespectful language to our staff, and any of these behaviors will result in the termination of our relationship.** This agreement applies to you as well as all members associated with your account. Please sign below to acknowledge that you have read and understand and agree to our code of conduct agreement.

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

**Authorization of Care:**

I hereby certify that I am the owner, or duly authorized agent of the owner, of the pet(s) listed on this account. I authorize Lawndale Veterinary Hospital's veterinarians to examine, prescribe for, and treat all animals listed on this account. I assume responsibility for all charges incurred for the pet(s) listed on this account. I understand that any and all charges will be paid at the time services are rendered and that a deposit may be required.

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

We thank you for allowing us the opportunity to treat your pet(s).