Sugar Land Veterinary Specialists

1515 Lake Pointe Parkway • Sugar Land, Texas 77478 • 281-491-7800

ROOM:_______________

PATIENT CHECK-IN

HOW WERE YOU REFERRED TO US?: □ DRIVE BY
□INTERNET WHAT WEBSITE?:_________________________
□FRIEND: ____
□OTHER:____
□FAMILY VETERINARIAN'S IN CLINIC BROCHURE/MAGNET
□FAMILY VETERINARIAN'S ANSWERING MACHINE
□ADVERTISEMENT ELSEWHERE?:________________________________

YOUR FAMILY VETERINARY HOSPITAL: ____________________________________ DATE: _______________ TIME: ____________________

OWNER NAME: ____ HOME PHONE:____________________ CELL PHONE ____________________

SPOUSE: ____ CELL PHONE:_____________________

ADDRESS: ____ CITY:___________________ STATE: _________ ZIP: _______________

EMPLOYER: ____ WORK #: ______________________ DRIVER'S LIC: ______________________

PAYMENT METHOD (PLEASE CIRCLE): MASTERCARD VISA DISCOVER CARE CREDIT CASH

PET'S NAME: ____ DOG: _____ CAT: _____ OTHER: ________ COLOR: _______________________

BREED: __________________________ AGE: ______ MALE: _____ FEMALE: _____ CURRENT VACCINATIONS? ___________________________

HAS YOUR PET BEEN SPAYED OR NEUTERED? □ **YES** □ **NO** ANY ALLERGIES?____

REASON FOR VISIT: ____

PREVIOUS HEALTH PROBLEMS : ____

Release form:

I the undersigned do hereby certify that I am the owner, or am assuming responsibility for, the animal described above, and hereby consent and authorize Sugar Land Veterinary Specialty and Emergency Center (SLVSEC) to receive, prescribe for, treat, or perform surgery if indicated, upon the described animal. It is understood that I assume all risks. I agree to pick up the described animal at the time designated by the attending veterinarian. In the event the animal is not claimed at the designated time, I understand that a late fee and any additional charges associated with care and treatment of the described animal will be incurred. In the event that the animal is abandoned, written notice shall be mailed to the address listed above to relinquish ownership of the animal. Twelve days after such written notice, the animal will be considered abandoned and may be disposed of or destroyed as deemed necessary, but that this abandonment does not absolve me from paying all costs of SLVSEC, including cost of upkeep. I understand that any and all fees for service are due at the time of dismissal.

I agree to the terms stated above: SIGNATURE: ____

Following the doctor's examination, an estimate of fees will be provided to you. We urge you to discuss all fees with the doctor before services are performed. We accept cash, Visa, Mastercard, Discover, Electronic Check and Care Credit. Please be informed that when paying by debit card or check, funds may be electronically transferred at the time of the transaction.

Discharge time is 7:45 am on all weekdays (with the exception of holidays). After this time, late fees will accrue at the rate of $100 per hour.

For Office Use Only:

Deposit Amount: _________________ Total Charges: _______________ Faxed (initials/date/time): _________________

Payment Type: __________________ Payment Type: _______________ Client/Patient ID:________________________