



Sugar Land Veterinary Specialists

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

ROOM: _____

CLIENT CHECK-IN

HOW WERE YOU REFERRED TO US?: DRIVE BY
 FAMILY VETERINARIAN'S FLYER/BUSINESS CARD
 FRIEND: _____

FAMILY VETERINARIAN'S ANSWERING MACHINE
 ADVERTISEMENT ELSEWHERE?: _____
 OTHER: _____

Owner's Name _____
(Last Name, First Name)

Co-Owner's Name _____
(Last Name, First Name)

Home Address: _____ City: _____ State: _____

Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Owner's Driver's License Number: _____ Employer: _____

Email: _____

Patient Information

Patient's Name: _____ DOG or CAT Breed: _____ Coat Color: _____
(Circle one)

Sex: MALE OR FEMALE Is pet spayed or neutered? YES or NO Age or Date of birth _____
(Circle one) (Circle one)

Referring Veterinarian Name: _____ Clinic Name: _____

Reason for referral (Primary Medical Complaint): _____

Have any of your pets been examined by a doctor at Sugar Land Veterinary Specialists? YES NO

Payment Information

Following the Doctor's examination, we will provide you with a financial estimate of service fees. **All professional fees are due at the time services are rendered, with a deposit required to begin diagnostics and/or treatment.** In cases of extensive medical or surgical procedures where full payment may be difficult at discharge, we accept Discover, Visa, Mastercard, Electronic check and Care Credit. If you have any questions, please consult a receptionist.

ECC: 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 Emergency and Critical Care to receive, prescribe for, treat, or perform surgery if indicated, upon the described animal. 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 incur. In the event that the animal is abandoned, a certified letter will be mailed to the above address to relinquish ownership of the animal. Twelve days after the written notice, the animal will be considered abandoned and may be disposed of or destroyed as deemed necessary. This abandonment does not absolve me from paying all costs of SLVSEC, including cost of upkeep. **Discharge time is 7:45am** on all weekdays (with the exception of holidays). After this time, late fees will accrue at the rate of \$100 per hour.

My signature indicates that I am over 18 years of age, and am financially responsible for the aforementioned pet.

Signature of Client: _____ Date: _____

Client/Patient ID: _____ Staff: _____