



# Sugar Land Veterinary Specialists

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

PATIENT CHECK-IN

ROOM: \_\_\_\_\_

YOUR FAMILY PET CLINIC \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_ TIME \_\_\_\_\_

YOUR NAME \_\_\_\_\_ PHONE \_\_\_\_\_ ALT PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ APT# \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

DRIVER'S LIC \_\_\_\_\_ EMPLOYER \_\_\_\_\_ WORK # \_\_\_\_\_

CO-OWNER \_\_\_\_\_ PHONE \_\_\_\_\_ ALT PHONE \_\_\_\_\_

YES  NO HAVE YOU, OR YOUR PET, VISITED US BEFORE?

PET'S NAME \_\_\_\_\_ BREED \_\_\_\_\_ AGE \_\_\_\_\_ COLOR \_\_\_\_\_

<p><b>SPECIES</b></p> <p><input type="checkbox"/> DOG</p> <p><input type="checkbox"/> CAT</p>	<p><b>SEX</b></p> <p><input type="checkbox"/> NEUTERED MALE    <input type="checkbox"/> SPAYED FEMALE</p> <p><input type="checkbox"/> INTACT MALE        <input type="checkbox"/> INTACT FEMALE</p>	<p><b>VACCINE STATUS</b></p> <p><input type="checkbox"/> CURRENT</p> <p><input type="checkbox"/> LAPSED</p>
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LIST ANY ALLERGIES \_\_\_\_\_

PREVIOUS HEALTH PROBLEMS \_\_\_\_\_

REASON FOR VISIT \_\_\_\_\_

## The examination fee is \$95.00

### PLEASE SELECT YOUR PAYMENT METHOD:

MASTERCARD    VISA    DISCOVER    CARE CREDIT    AMEX    CASH    CHECK (ELECTRONIC)

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 and financial responsibilities. 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. In the event of abandonment of a sick or wounded animal, humane euthanasia will be performed at a veterinarian's discretion. 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 additional fees for service are due at the time of dismissal. **I understand that by proceeding, I am committing to, and will be financially responsible for, a veterinarian's examination and any initial treatments that I verbally approve.** Following the doctor's examination, a written estimate of fees will be provided to you. We urge you to discuss all fees and procedures with the doctor before services are performed. **Payment will be necessary prior to the performance of approved services.** We accept cash, check, money orders, and all major credit cards. Please be informed that when paying by check or debit card, funds will be electronically transferred at the time of the transaction. A returned check fee of \$35.00 will be assessed for any check returned unpaid. Payment arrangements may be made for qualified applicants through GE Money Bank – Care Credit, in advance of treatment. Discharge time is 7:30 am on all weekdays (with the exception of holidays). After this time, late fees will accrue at the rate of \$100 per hour.

I agree to all terms and conditions: SIGNATURE: \_\_\_\_\_

For Office Use Only:

Deposit Amount: \_\_\_\_\_ Total Charges: \_\_\_\_\_ Faxed (initials/date/time): \_\_\_\_\_

Payment Type: \_\_\_\_\_ Payment Type: \_\_\_\_\_ Client/Patient ID: \_\_\_\_\_