

East Montgomery County Animal Hospital

16715 FM 1485, Conroe, TX 77306, Phone: 281-689-9999

Thank you for giving us the opportunity to care for your pet!

OWNER INFORMATION

Owner Name 1:

Mobile Phone:

Owner Name 2:

Mobile Phone:

Address:

Apt #:

City:

State:

Zip:

May we leave phone messages (labs, etc):

Home Phone:

YES/NO

Owner #1 Email Address:

Owner #2 Email Address:

Emergency Contact Name and Phone Number:

(Emergency contact should be someone other than the owner(s) of the pet)

PET INFORMATION

Pets Name:

Species: Dog Cat

Date of Birth/Age:

Sex: Male Neutered

Breed:

Female Spayed

How long have you owned this pet?

Color & Markings:

Previous Veterinarian:

Date Last Seen:

Microchip:

Pet's Current Medication (if any):

Any Known Allergies (food, vaccines or medications):

Current Diet:

Reason for Visit:

Please indicate how you found us: (1) Road Sign (2) Website (3) Internet Search (4) Google
(5) Facebook (6) Fire Dept. Calendar (7) Welcome Wagon

(8) Other, please list:

(9) Personal Referral by:

2nd Pets Name:

Species: Dog Cat

Date of Birth/Age:

Sex: Male Neutered

Breed:

Female Spayed

How long have you owned this pet?

Color & Markings:

Previous Veterinarian:

Date Last Seen:

Microchip:

Pet's Current Medication (if any):

Any Known Allergies (food, vaccines or medications):

Current Diet:

Reason for Visit:

***** **FINISH & SIGN BACK OF FORM** *****

AUTHORIZATION

* I authorize the release of information about my pets **TO** another veterinary hospital or kennel?

Yes No

* I authorize the acquisition of information about my pet **FROM** another veterinary hospital or kennel?

Yes No

* I authorize the use of my pet's name, image, and associated events pertaining to my pet to be used in advertising and social media, such as Facebook, Twitter, and other print or internet mediums.

Yes No

* I authorize communication about and instruction regarding the care of my pet's health with friends or family.

Yes No

Authorized Family/Friend: _____

Hospital Policy:

- I understand that appointment attendance is important for my pet's health and the hospital's ability to schedule appropriately. I understand that surgeries require 24-hour cancellation notice. After 2 surgical no shows or 3 appointment no shows, I will have to pre-pay for my appointments.

Initial _____

- Every pet must be **up-to-date on vaccines** (dogs – DAPP, Leptospirosis, Rabies; cats – FVRCP, Leukemia + RV). If not current, they will be updated, at your expense.
- If fleas are seen on your pet, by hospital personnel, it will be given a Capstar flea pill at your expense.
- All pets left here overnight must have had an exam by our doctors within six months.
- No pets will be released from our care outside of regular business hours.
- All pets left here that have, or develop, a medical issue will be treated at owner expense.

Fees and Expenses Incurred:

I understand that East Montgomery County Animal Hospital requires payment in full at the time services are rendered. **The Hospital does not bill or accept payment plans.** For payment, we accept Mastercard, Visa, Discover, American Express, cash, Care Credit and Scratch Pay.

Hospitalization requires a 50% deposit of estimated or \$200, whichever is greater.

An estimate can be provide, upon request. An estimate tries to approximate the expenses of medical care, but may not be 100% accurate. While the hospital will try to keep within the estimate's range, it is the owner's responsibility to pay for the actual charges incurred. In the event that you do not pay for services rendered and collection attempts were futile, your outstanding balance will be turned over to the sheriff's office for "theft-of-services".

Any outstanding balance on your account will be charged 1.5% interest rate on the last day of each month.

In an emergency:

Pets will be treated, at owner expense, and every attempt will be made to save your pet.

If you have **limitation on the measure taken** for your pet, please list them below (including a \$ constraint or a "Do Not Resuscitate" Order):

*** I have read and agree to abide by the above hospital policies.** By signing below, I authorize the veterinarians at East Montgomery County Animal Hospital to examine, treat and prescribe for my pets. I agree to be responsible for all charges incurred in the care of this/these animal(s).

Signature of Responsible Party: _____

Date: _____

Owner Name: _____

Date: _____