

Welcome



NAME: \_\_\_\_\_ SPOUSE NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ SPOUSE PHONE: \_\_\_\_\_

DRIVER'S LICENSE: \_\_\_\_\_ STATE ISSUED: \_\_\_\_\_ DOB: \_\_\_\_\_

EMAIL: \_\_\_\_\_ ACTIVE MILITARY/VETERAN YES / NO

**HOW DID YOU HEAR ABOUT US?**

DRIVE BY \_\_\_\_\_ GOOGLE/INTERNET SEARCH \_\_\_\_\_ BILLBOARD \_\_\_\_\_ OTHER \_\_\_\_\_

PERSONAL RECOMMENDATION \_\_\_\_\_

**PAYMENT DUE AT TIME OF SERVICES:**

I assume responsibility for all charges incurred in the care of my pet(s). I understand that all major credit cards are accepted as well as cash, check or Care Credit. No payment plans are available. I also understand all charges will be paid in full at the time of release and a deposit may be required for hospitalized or surgical patients.

RETURNED CHECKS WILL BE TURNED OVER TO COLLECTIONS INITIAL: \_\_\_\_\_

I give Stone Ridge Veterinary Medical Center of Conroe permission to save my debit/credit card for future transactions. Future transactions include but are not limited to: invoices not paid for at the time of service, last-minute appointment cancellations or appointment no-shows (1). An 'intent to charge' text will be sent 24 hours prior to the card being charged.

(1) Last minute cancellations and no shows take away from our limited appointment times that would have allowed our doctors to see other patients. Should you need to cancel an appointment, we ask that you do so before 5 p.m. the day prior to your scheduled visit. If not, you may be charged for the missed appointment that would be congruent to \$61.28 - \$76.28, based on the type of appointment missed. SIGNATURE: \_\_\_\_\_

**DROP OFF VISITS**

I agree to pick my pet up at the designated time. If my pet is not picked up within normal business hours, I will be charged an overnight hospitalization charge until my pet is picked up. INITIAL: \_\_\_\_\_

**RECORDS RELEASE**

I authorize SRVMC to release my records upon request to veterinary and or specialty clinics. INITIAL: \_\_\_\_\_

**MEDIA RELEASE**

On occasion, we like to use our patient's photos/cases for promotional purposes, contests, medical information and social media. Do we have your permission to post your pet(s) photos and/or story and medical information for these purposes? No client information will be released. Authorize \_\_\_\_\_ Decline \_\_\_\_\_

TO HELP PREVENT THE SPREAD OF INFECTIOUS DISEASE, ALL HOSPITALIZED, BOARDING AND DROP OFF ANIMALS MUST BE CURRENT ON ALL VACCINATIONS AND BE FLEA FREE. (EACH WILL RECEIVE A 24 HOUR FLEA TREATMENT IN THE FORM OF A PILL THAT WILL NOT INTERACT WITH ANY OTHER MEDICATION IF FLEAS ARE PRESENT)

INITIAL: \_\_\_\_\_

OWNER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_