

The Montrose Veterinary Clinic

Treatment Release

1701 Montrose Blvd. Houston, Tx 77006

www.montrosevetclinic.com

713-524-3814

Patient name: _____ Client ID: _____

Description: _____ Client name: _____

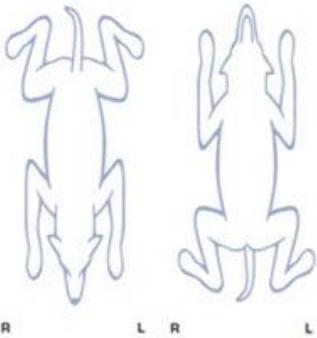
Microchip: _____ Age: _____

Patient Alerts: _____

Doctor Preference: _____

Purpose for today's visit: _____

If your pet has lumps, bumps, cuts, or sores that you would like us to address today, please note the area on the diagram to the left.



Additional Services:

- Nail Trim (\$15.80)
- Express Anal Glands (\$19.50)
- Bath (price based on pet's weight)
- Would you like to have your pet microchipped today. (\$42)
(An annual fee of \$16.99 is assessed by Home Again after 1 year.)

What heartworm preventative and other medications or supplements is your pet taking? _____

Please list any refills that you would like filled today. _____

If your pet is not well, additional diagnostics may be required before a treatment plan can be prepared. Additional diagnostics may include any one or more of the following: blood work, radiographs, urinalysis, ultrasound.

- Proceed with further diagnostics as deemed necessary by the doctor's professional judgment up to \$_____.
- Please call after the physical exam to discuss recommendations. *(Please note that any treatments will be delayed if you are unavailable for this call.)*

All pets staying at the hospital for any length of time must be current on all vaccinations and be free of external and intestinal parasites. If documentation of vaccination cannot be provided or verified, I understand that my pet will be vaccinated according to hospital policy and I will be responsible for the incurred charges. If my pet is found to have any external or intestinal parasites, the appropriate treatment will be administered and I will be responsible for the incurred charges. I understand that **ALL FEES ARE DUE AT THE TIME OF DISCHARGE.**

- I grant The Montrose Veterinary Clinic permission to post my pet's picture, story, and medical information on social media.

Signature: _____ Date: _____

Phone number(s) where you can be reached today: _____

Select if you prefer an alternative method of communication for updates. Text Messaging E-mail

Personal Belongings: _____

Location of belongings: Basket in Kennel Bin in Treatment Carrier (description) _____

Medications to go home: _____