

The Montrose Veterinary Clinic
1701 Montrose Blvd. Houston, Tx 77006
www.montrosevetclinic.com
713-524-3814

New Client Form

Client Information

Name _____ Date _____
Address _____ City _____ Zip _____
Home phone _____ Cell phone _____ Work phone _____
Email address _____ Would you prefer text and/or emails regarding your pet's visits? _____
Employer _____ Occupation _____
Spouse/Other name _____ Spouse/Other phone _____
Emergency contact _____ Emergency contact's phone _____
How did you hear about us? Location/Drive by MVC Website Google Yelp Online
 Referral by: _____ Other: _____

Pet Information

Pet's Name _____ Species _____ Age/DOB _____ Sex: _____
Breed: _____ Color/Description: _____ Current Medical Problems? _____
Current Medications (include parasite prevention) _____

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Breed: _____ Color/Description: _____ Current Medical Problems? _____
Current Medications (include parasite prevention) _____

Payment Policy

Full payment is required at the time of service. We accept cash, check, Visa, Master Card, Discover, and American Express credit cards. Deposits are required on major medical, trauma, surgical and emergency cases where hospitalization is necessary. There is a \$50 charge for missed appointments that have not been cancelled in advance. The following information is required for check acceptance.

Driver's License # _____ Date of Birth _____

Vaccination and Parasite Policy

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, the pet will be vaccinated according to hospital policy and the pet's owner will be responsible for the incurred charges. If the pet is found to have any external or intestinal parasites, the appropriate treatments will be administered and the pet's owner will be responsible for the incurred charges.

Our business hours are Monday-Friday from 7:30am-6pm, and Saturdays from 8:30am-1pm. We are closed on Sundays.

I have read the payment policy stated about and I agree to pay costs and charges necessary for the collection of any amount not paid when due, including but not limited to any court costs, collection agency fees, and attorney fees.

Signature _____ Date _____