



Sugar Land Veterinary Specialists

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

SPECIALITY CLIENT CHECK-IN

Owner's Last Name _____ Owner's First Name _____

Co-Owner's Last Name _____ Co-Owner's First Name _____

Home Address: _____ City/State: _____ Zip: _____

Primary Phone: Home Cell _____ Work _____
Secondary Phone: Home Cell _____ Work _____

Email: _____ Owner's Driver's License Number: _____

Your email will be used as a major form of communication (i.e. appt reminders, medical records, lab results, etc).

Patient Information

Patient's Name: _____ DOG or CAT Breed: _____ Coat Color: _____
(Circle one)

Sex: MALE OR FEMALE Is pet spayed or neutered? YES or NO Age or Date of birth _____
(Circle one) (Circle one)

Referring Veterinarian Name: _____ Clinic Name: _____

Reason for referral (Primary Medical Complaint): _____

Have any of your pets been examined by a doctor at Sugar Land Veterinary Specialists? YES NO

Payment Information

Following the Doctor's examination, we will provide you with a financial estimate of service fees. **All professional fees are due at the time services are rendered, with a prepayment required to begin diagnostics and/or treatment.** In cases of extensive medical or surgical procedures where full payment may be difficult at discharge, we accept Discover, Visa, MasterCard, American Express, Electronic check and Care Credit. If you have any questions, please consult with your nurse.

My signature indicates that I am over 18 years of age, and am financially responsible for the aforementioned pet.

Signature of Client: _____ Date: _____

Client/Patient ID: _____ Cubex: _____ Staff: _____