

Woodforest Veterinary Medical Center

14920 FM 2854, Montgomery, Texas, 77316 936-273-1410

Dr. Jim Schulze

Dr. Melissa Hubble

Dr. Anna Costin

Client Information

Date _____ Name _____
Last name First Name Middle Initial

Address _____

City _____ State _____ Zip _____

Cell Phone _____ Home Phone _____ Work Phone _____

E-mail Address _____ DL# _____ State _____

If provided, this information will be for Woodforest Veterinary Medical Center Use Only (Reminders, Specials, etc.)

Employer _____ Occupation _____

Emergency contact information (someone other than yourself) _____ Phone _____

How did you hear about us? _____

Pet Information

Pet's Name _____ Sex: M Neutered Unknown
F Spayed

Birthdate _____ Age _____ Breed _____ Color _____

Species: Canine Feline Equine

HAS YOUR PET EVER SHOWN ANY SIGNS OF AGGRESSION TOWARD PEOPLE or OTHER ANIMALS? ___YES ___NO

Describe the reason for your Pet's visit today:

Payment Policy

We will provide a written estimate for all Patients. **ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.** In cases of extensive medical or surgical procedures where full payment may be difficult at discharge, we accept major credit cards or you may ask about financing available through CARE CREDIT.

To prevent the spread of infectious disease, all hospitalized patients must be current on all vaccine and free from all internal and external parasites. The signature below authorizes this level of preventative care and all appropriate charges, which will be listed in the discharge invoice.

Signature of Client Responsible for Pet(s) _____ Date _____

I will be paying with: Cash Check Visa/Mastercard/Amex/Discover Care Credit (if applicable)