



Rice  
Village  
Animal  
Hospital

2348 Rice Blvd.  
Houston, Texas 77005  
713-527-0489 • fax 713-523-4545

[www.RiceVillageAnimalHospital.com](http://www.RiceVillageAnimalHospital.com)

## CLIENT INFORMATION FORM

<input type="checkbox"/> DR. <input type="checkbox"/> MR. <input type="checkbox"/> MISS <input type="checkbox"/> MS. <input type="checkbox"/> MRS.		LAST NAME:		FIRST NAME:	
MAILING ADDRESS:					APT:
CITY:		STATE:	ZIP:	HOME NUMBER:	
EMPLOYER:				WORK NUMBER:	
CELL NUMBER:		E-MAIL ADDRESS:			

Please Circle One: Spouse/Significant Other/Relative/Friend /Other \_\_\_\_\_

<input type="checkbox"/> DR. <input type="checkbox"/> MR. <input type="checkbox"/> MISS <input type="checkbox"/> MS. <input type="checkbox"/> MRS		LAST NAME:		FIRST NAME:	
EMPLOYER:				WORK NUMBER:	
CELL NUMBER:		E-MAIL ADDRESS:			

**Pet's Information (Please list each pet that you own)**

<b>PET'S NAME:</b>		SEX:	ALTERED? YES NO	
DATE OF BIRTH:	SPECIES:	BREED:	COLOR:	
<b>PET'S NAME:</b>		SEX:	ALTERED? YES NO	
DATE OF BIRTH:	SPECIES:	BREED:	COLOR:	
<b>PET'S NAME:</b>		SEX:	ALTERED? YES NO	
DATE OF BIRTH:	SPECIES:	BREED:	COLOR:	
<b>PET'S NAME:</b>		SEX:	ALTERED? YES NO	
DATE OF BIRTH:	SPECIES:	BREED:	COLOR:	

HOW DID YOU LEARN ABOUT OUR HOSPITAL?	
<input type="checkbox"/> DRIVE BY	<input type="checkbox"/> SHELTER/ADOPTION GROUP
<input type="checkbox"/> INTERNET SITE: _____	<input type="checkbox"/> AAHA
<input type="checkbox"/> FRIEND/PERSON: _____	<input type="checkbox"/> OTHER: _____

# Hospital Policies

Our hospital will not release your pet to any person not specifically authorized by you. Please list all persons you wish to pre-authorize for receiving your pet:


Do you authorize us to **obtain** information about your pet(s) from another veterinarian, kennel, breeder or any other person?    **Yes**     **No**

Do you authorize us to **release** information about your pet(s) to another veterinarian, kennel, breeder or any other person?    **Yes**     **No**

Do you give permission for Rice Village Animal Hospital to take and display **photographs** of your pet(s) on their website, Facebook page or in their Hospital?    **Yes**     **No**

- o (If you decide you no longer want your pet's picture displayed, it will be removed within 14 business days upon submission of a written request to do so.)
- Our hospital requires that every pet left in our care to be current on vaccines as determined by our veterinary staff and be free of internal and external parasites. Treatment or vaccines will be administered at the expense of the owner, including doctor's exam fees.
- All pets left in our care overnight must have had an examination by our doctors within the last twelve months.
- Pets picked up within one hour after closing time Monday- Saturday will be assessed one-half of the regular boarding fee. Regular boarding fees and after hours release fees will be applied if picked up during any other time.
- By City of Houston ordinance, Rice Village Animal Hospital must report any rabies vaccination administered to any pet with the following information for city licensing:
  - o A description of the dog or cat including its breed, age, color and sex;
  - o Whether the animal has been neutered (if known or determinable by the veterinarian);
  - o The serial number of the vaccination tag furnished;
  - o The name and the current address of the person owning or keeping the animal; and
  - o The number of the City of Houston registration tag worn by the animal, if any.

*If you would like a copy of this ordinance please request one from the receptionist.*

- Our doctors will proceed to treat medical conditions, which occur or exist in pets while left in our care. Any such treatment will be at the expense of the owner. **If you do not want your pet treated without a phone call, you must leave a number where you may be reached during regular office hours, and inform the receptionist at the time of drop off to have the doctor call you before treatment is initiated.** In the event of an emergency, the doctor will proceed to treat your pet without first speaking to you.
- If you desire an estimate prior to any treatment please ask the receptionist for a written estimate.
- **Payment for services is due at the time the pet is released.** We accept Master Card, Visa, Discover, American Express, Care Credit, cash and checks. Hospital cases may require a 50% deposit of the estimated cost at the onset of treatment.

Your signature here verifies that you have read and understand all the above information.

DATE:	SIGNATURE:
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