

Angelina Animal Hospital, LLC



Dr. Lindsay Syler

Dr. Daniel Salas

2205 N Timberland Dr. Lufkin, Tx.

(936) 634-9412

communications@angelinaanimal.vet

Thank you for giving us the opportunity to care for your pets.

So that we may become better acquainted, please complete the following:

Date ____/____/____

Your Full Name (Legal) _____

Mailing Address _____

Physical Address _____

City/State/Zip _____

Drivers License # or SSN # _____ DOB _____

Cell Phone # _____ Work # _____ Home # _____

Employer _____ Email _____

Spouse/Partner/Authorized Person Name _____

Spouse's Cell _____ Spouse's DL # _____

Spouses Employer _____

How do you prefer to pay Credit Card, Cash or Care Credit?

*****WE DO NOT HAVE CHARGE ACCOUNTS*****

All clients MUST be 18 years of age or older and show proof of identification upon check-in.

Which Veterinarian have you been using? _____

How did you find out about us? _____

Pet's Name: _____ Breed: _____

Age: _____ DOB: _____ Sex _____ Color _____ Spayed/neutered? _____

Reason for Visit _____

Past Medical Problems? _____

Is your pet current on vaccinations? _____ Heartworm preventative? _____

What do you feed your pet? _____

I hereby authorize the veterinarians and staff at Angelina Animal Hospital to examine, prescribe, and treat my pets. Furthermore, I agree to pay fees for services in full at the time the pet(s) are discharged from the hospital or when services are otherwise terminated. Deposits for services will be required prior to treatment on hospitalized animals. I also give permission to release info such as vaccination records to groomers and other veterinarians, etc.

Signed _____

Date ____/____/____



Do you give Angelina Animal Hospital permission to post photos of your pet(s) on social media? *These photos will not be posted without owner permission & knowledge* YES / NO (circle one) Owners Initials: _____