

Angelina Animal Hospital, LLC



Dr. Lindsay Syler  
Dr. Daniel Salas  
2205 N Timberland Dr. Lufkin, Tx.  
(936) 634-9412

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 Lic # \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_  
Cell Phone # \_\_\_\_\_ Work # \_\_\_\_\_ Home # \_\_\_\_\_  
Employer \_\_\_\_\_ Email \_\_\_\_\_  
Spouses Name \_\_\_\_\_  
Spouse's Cell \_\_\_\_\_ Spouse's DL # \_\_\_\_\_  
Spouses Employer \_\_\_\_\_

How do you prefer to pay Cash, Credit Card, Check or Care Credit?  
\*\*\*\*\***WE DO NOT HAVE CHARGE ACCOUNTS**\*\*\*\*\*

Which Veterinarian have you been using? \_\_\_\_\_  
How did you find out about us? \_\_\_\_\_  
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)

Pet's Name \_\_\_\_\_ Breed \_\_\_\_\_  
Age \_\_\_\_\_ 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 \_\_\_\_\_