


**Pflugerville**  
**WELCOME TO ANIMAL HOSPITAL!**

(May be filled out and submitted electronically, or printed, hand filled and scanned/photographed and sent to us)

Thank you for the opportunity to care for your pet(s). Please help us meet your needs better by taking a moment to share some important information we will need as we support your pet's needs today and in the future. Please print in all spaces.

Owner's Name: \_\_\_\_\_ Spouse/Co-owner: \_\_\_\_\_

Mailing Address \_\_\_\_\_ City, Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_ E-mail: \_\_\_\_\_

Alternate Phone numbers (cell phone, etc.) \_\_\_\_\_

Prior Veterinarian (& Phone number) \_\_\_\_\_

I authorize Pflugerville Animal Hospital to release and/or receive my pet(s) medical history to and from any current or future veterinarians and their staff:     YES     NO

If my pet is lost and recovered by another individual, I authorize Pflugerville Animal Hospital to release my information (address & phone numbers only) as they deem necessary for the return of my pet.     YES     NO

We will gladly prepare a written estimate if you desire (please ask our doctor OR receptionist). This will be important to you since ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. For payments, we accept Cash, MasterCard, Visa, Discover, American Express, Care Credit, and ScratchPay. Initial: \_\_\_\_\_

**Pet Information (more than 4 pets please ask for additional sheets)**

Patient Information	Pet #1	Pet #2	Pet #3	Pet #4
Name				
Breed				
Date of Birth				
Color/Markings				
Sex--(male, female, neuter spay, unknown)				
Is your pet on heartworm prevention? What type?				
Lifestyle (strictly indoor, In/out, roams, fenced yard)				
Has your pet ever had an adverse vaccine reaction?				
Does your pet regularly board, go to groomer, hunt, go to park, etc.?				
List any ongoing medical conditions/medications				

\_\_\_\_\_  
Signature if supported by reader

\_\_\_\_\_  
Print name if signature not supported by your reader

\_\_\_\_\_  
Date