

Dr. David Weaver  
Dr. Tom Sutton  
Dr Adriana Mendoza



1001 Fm 685  
Pflugerville  
251-2242

NAME \_\_\_\_\_ Drivers License# \_\_\_\_\_

SPOUSE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_ Home ph \_\_\_\_\_

How did you hear about us?

Sign? \_\_\_\_\_ Internet? \_\_\_\_\_ Mailer? \_\_\_\_\_ Yellow Pages? \_\_\_\_\_ Recommendation? \_\_\_\_\_

Work Ph \_\_\_\_\_ Cell ph \_\_\_\_\_ Spouse wk ph \_\_\_\_\_

Employer \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Number of pets: Dogs \_\_\_\_\_ Cats \_\_\_\_\_

Reason for visit \_\_\_\_\_

★ **Your Pet** ★

Pets Name \_\_\_\_\_ (Dog) \_\_\_\_\_ (Cat) \_\_\_\_\_ (Other) \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_

Birthdate \_\_\_\_\_ MALE \_\_\_\_\_ NEUTERED? \_\_\_\_\_ FEMALE \_\_\_\_\_ SPAYED? \_\_\_\_\_

Dates of last vaccinations \_\_\_\_\_

Is your dog on Heartworm Prevention? \_\_\_\_\_ What kind? \_\_\_\_\_

Is your pet on Flea/Tick control? \_\_\_\_\_ What kind? \_\_\_\_\_

Is your pet microchipped? \_\_\_\_\_

AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

**\*\*PAYMENT IS DUE AT THE TIME OF SERVICE ~ WE DO NOT BILL.\*\***