

Client ID# _____

Last Name _____

Werntz Memorial Animal Hospital
Client Information Sheet
Please Fill Out Completely

Date _____

Owner's Name _____
Last First Initial

Street Address _____

Mailing Address _____

City, State, Zip _____

Primary Phone () _____ cell / home / work Secondary () _____ cell / home / work

Employer _____ Occupation _____

E-mail address _____ Birthday ____ / ____ / ____

May we email you about: Lab results Specials Recommendations Reminders for Scheduling

Please subscribe me to the FREE Pet Wellness Newsletter Yes No

Are you over 18 years old? Yes No

Spouse's Name _____
Last First Initial

Spouse's Employer _____ Occupation _____

Spouse's Primay Phone () _____ Secondary () _____

Children: _____

****In Case of Emergency****

Contact other than yourself: _____ Phone () _____

If necessary may we call you at work? Yes No

How did you hear about Werntz Memorial Animal Hospital (WMAH)?

- google search employee (name) _____ yellow pages sign event
- internet review site (name) _____ WMAH website facebook
- word of mouth (name) _____ WMAH client (name) _____

****Fees are due at the time services are rendered****

We will gladly prepare a written estimate if you desire. Please ask your doctor.
We accept Cash, Check, Mastercard, Visa, American Express, Discover

SIGNATURE _____

checked in by _____

audited by _____

FAMILY PETS
Please Fill Out Completely

Patient Name _____

Dog Cat Other

Sex Male Female

Neutered Spayed

Color _____ Date of Birth ___/___/___ Microchip # _____

Vaccination Due Dates:

Rabies ___/___/___ DHPP ___/___/___ Leptospirosis ___/___/___

Lyme ___/___/___ Bordatella ___/___/___

FVRCP ___/___/___ FeLV ___/___/___

Testing due dates:

Hearworm Test ___/___/___ Fecal ___/___/___ Screening blood work ___/___/___

Is your pet on any medications? Yes No

Medication _____ Dose _____ Frequency _____

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