

New Client Information Sheet

Werntz Memorial Animal Hospital
75 Verona Road | Pittsburgh, Pa. 15235
Phone: 412-243-2401 | Fax: 412-243-6120



CLIENT INFORMATION

Owner: _____

Phone: _____

E-mail: _____

Address: _____

Spouse/Co-owner: _____

Spouse/Co-owner Phone: _____

Spouse/Co-owner E-mail: _____

In an emergency who else is authorized to make medical and financial decisions for your pet?

Name(s)	Phone Number(s)
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Name(s)	Phone Number(s)
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How do you prefer to receive your reminders: **Email** **Postcard** **Text**

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

- | | | |
|--|---|--|
| <input type="checkbox"/> Google Search | <input type="checkbox"/> Internet Review Site | <input type="checkbox"/> WMAH Client |
| <input type="checkbox"/> Employee | <input type="checkbox"/> WMAH Facebook | <input type="checkbox"/> Word of Mouth |

If a personal recommendation whom may we thank? _____

May we email you about:

- | | | |
|--------------------------------------|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Lab Results | <input type="checkbox"/> Reminders | <input type="checkbox"/> Appointments |
|--------------------------------------|------------------------------------|---------------------------------------|

CONTINUE →

PATIENT INFORMATION

Name: _____ Date of Birth/Age: _____

Dog

Cat

Breed: _____ Color: _____

Spayed (female)
YES/NO

Neutered (male)
YES/NO

Reason for today's visit:

Long-term problems, issues or concerns?

Current medication(s)?

Allergies?

Diet:

By checking this box, I authorize WMAH to release medical information to other hospitals, groomers, and kennel facilities.

By checking this box, I authorize WMAH to release basic contact information (phone number) if my pet is lost and recovered by another animal hospital or facility.

I am the owner or authorized representative for the pet listed above. I authorize the employees and veterinarians of Werntz Memorial Animal Hospital perform the services which are necessary to the examination, medication and treatment of the pet listed above. I acknowledge that no assurance or guarantee has been made of the results examination and treatment. I assume financial responsibility for all charges incurred for services rendered and understand that full payment is due upon patient discharge.

Signature of Owner _____ Date _____