



NEW CLIENT & PATIENT INFORMATION SHEET

Welcome to Hergentrether Animal Hospital. So we may provide you with exceptional service, please share information about you and your pet(s). Our mission is to provide both our clients and our patients with the very highest quality, compassionate veterinary health and wellness care.

CLIENT INFORMATION

First name _____ Last name _____
 Spouse first name _____ Spouse last name _____
 Address _____ City _____ State _____ Zip _____
 Home phone (_____) _____ Work phone (_____) _____ Ext _____ Cell (_____) _____
 E-mail address _____ Employer _____

PATIENT INFORMATION

Patient Name			
Species (Dog or Cat)			
Breed			
Sex (M or F)			
Spayed or neutered (Y or N)			
Birthday			
Color			
Date of last vaccinations			
Hospital name and phone number that administered vaccinations			
Date of last heartworm test			
Name of Heartworm prevention and date of last administration			
Date of last fecal analysis			
Name of flea and tick preventative and date of last application			
Allergies			
Current medications			

How did you become aware of our hospital?

- Referred by friend Whom may we thank? _____
- Referred by veterinarian Whom may we thank? _____
- Location Newspaper ad Previous client Website, www.hergah.com
- Yellow pages

We appreciate payment when services are rendered. For your convenience, we accept cash, check, MasterCard, Visa, Discover and American Express. I verify that all the information provided is accurate.

Signed _____ Date _____