PVSEC – Internal Medicine

807 Camp Horne Road Pittsburgh, PA 15237
Phone 412-366-3400 / Fax 412-366-3489

Owner/Primary contact:
Mr. Mrs. Ms. Dr. Rev. Other:_____

Last Name_____First Name_____

Additional owner(s) _____

Address_____

City_____ State_____ Zip Code _____

Home#_____Work#_____Cell#_____

Employer_____City_____

Patient:

Name_____ Species: Dog Cat Other _____

Breed _____Color_____ D.O.B./Age_____

Sex (please circle) Male Male Neutered Female Female Spayed

Referring Veterinarian's Name _____

Referring Practice / Clinic _____

Patient's regular Vet/Practice (if different from the referral) _____

Reason for today's visit _____

_____

- I (owner / agent) understand that fees are payable at the time services are rendered. PVSEC does not have a payment plan.
- I (owner / agent) understand that, if my pet is admitted to the clinic for a procedure, a deposit will be required. The balance will be due at the time of release / dismissal.
- PVSEC accepts the following forms of payment: Cash, Check (with valid driver's license), Visa, MasterCard, Discover Card and Care Credit.

Owner / Agent Signature_____Date_____

Thank you for the opportunity to participate in your pet's health care. We will send your veterinarian a written summary detailing the events of your pet's visit so that records may be kept up to date at your local hospital.