

**PVSEC – Internal Medicine/Oncology/Radiation Oncology**

**New Client/Patient Information Form**

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# \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_

Email address \_\_\_\_\_

Employer \_\_\_\_\_ City \_\_\_\_\_

**Patient information:**

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 hospital 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, American Express, and Care Credit.

Owner / Agent Signature \_\_\_\_\_

Has this pet ever seen any of our other services?

\_\_\_\_\_ Emergency \_\_\_\_\_ Internal Medicine \_\_\_\_\_ Surgery \_\_\_\_\_ Neurology

\_\_\_\_\_ Cardiology \_\_\_\_\_ Oncology \_\_\_\_\_ Ophthalmology \_\_\_\_\_ Dermatology

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.