

Pittsburgh Veterinary Specialty and Emergency Center  
807 Camp Horne Road  
Pittsburgh, PA 15237  
Phone: 412-366-3400  
Fax: 412-366-3489



## Registration Form

### **Owner information:**

Name: \_\_\_\_\_ Spouse/Co-Owner: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### **Contact Information:**

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Other: \_\_\_\_\_

Email: \_\_\_\_\_

### **Patient Information:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Neutered: \_\_\_\_\_ Spayed: \_\_\_\_\_

Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

### **Referring Veterinarian Information:**

Veterinary Clinic Name: \_\_\_\_\_

Veterinarian who sees your pet \_\_\_\_\_

Reason for visiting PVSEC today: \_\_\_\_\_

Has your pet ever seen any of our other services?  Emergency  Internal Medicine  Surgery

Neurology  Cardiology  Oncology  Ophthalmology  Dermatology

PLEASE NOTE: Due to the high costs of billing, the following policy has been established:

1. Full payment is expected upon discharge of the patient from the hospital.
2. A deposit equaling 100% of the low end of the estimate is required prior to treatment.
3. Methods of payment include: Cash, Check (with photo ID), MasterCard, Visa, Discover, American Express, Care Credit and Payment Banc.

Thank you for the opportunity to participate in your pet's health care. Since you will be returning to your own veterinarian after the resolution of this problem, we will send your doctor a letter detailing the events of your pet's visit so that your records may be kept up to date at your local veterinary hospital.