



New Client Registration Form

807 Camp Horne Rd
Pittsburgh, PA 15237
P: 412-366-3400

1535 Washington Rd
Washington, PA 15301
F: 412-366-3489

Date: _____

Owner/Primary Contact:

(Mark One) Mr. Mrs. Dr. Rev. Other:

Last Name: _____

First Name: _____

Additional Owner(s): _____

Street Address: _____

City: _____ State: _____ ZipCode: _____

Cell# _____ Home# _____ Other# _____

Email Address: _____

Employer: _____

City: _____

Patient Information:

Name: _____ Species (Mark One): Dog Cat

Breed: _____ Color: _____ DOB/Age: _____

Gender (Mark One): Male Male Neutered Female Female Spayed

Referring Veterinarian Information:

Referring Veterinarian's Name: _____

Referring Practice/Clinic: _____

Patient's Regular Vet (if different from the referral): _____

Reason for Scheduled Visit: _____

Please mark any other specialist departments that your pet has seen at this facility:

Emergency	Internal Medicine	Surgery	Neurology	Dentistry
Critical Care	Ophthalmology	Oncology	Dermatology	Rad Oncology

Please initial and sign below:

____ I (the owner / agent) understand that fees are payable at the time services are rendered and that Pittsburgh Veterinary Cardiology does not have a payment plan.

____ I (the owner / agent) understand that, if my pet is admitted to the clinic for a procedure, a deposit may be required and the remaining balance will be due at the time of discharge.

____ Pittsburgh Veterinary Cardiology accepts the following forms of payment: Cash, Check (with a valid driver's license), Visa, MasterCard, Discover Card, AmEx, and Wells Fargo and Care Credit third party billing.

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 or clinic..