



# New Client Registration Form

807 Camp Horne Rd  
Pittsburgh, PA 15237

1535 Washington Rd  
Washington, PA 15301

P: 412-366-3400

F: 412-366-3489

## Owner/Primary Contact:

(Circle 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:

Name: \_\_\_\_\_ Species (Circle One): Dog Cat

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ DOB/Age: \_\_\_\_\_

Gender (Circle One):

Male Male Neutered Female Female Spayed

Referring Veterinarian's Name: \_\_\_\_\_

Referring Practice/Clinic: \_\_\_\_\_

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

Reason for Scheduled Visit:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Emergency Internal Medicine Surgery Neurology Dentistry  
Critical Care Ophthalmology Oncology Dermatology Radiation 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..

