

ANIMAL EYE CLINIC OF PITTSBURGH, Inc.

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

NEW CLIENT AND PATIENT INFORMATION FORM

YOUR INFORMATION:

Mr. Mrs. Ms. Dr. Rev. Other: _____

Last Name: _____ First Name: _____ Spouse: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home #: _____ Work #: _____ Cell #: _____

Email: _____

Employer: _____ City: _____

YOUR PET'S INFORMATION:

Pet's Name: _____ Species: Dog Cat Rabbit Other _____

Breed: _____ Color: _____ D.O.B./Age _____

Sex of Pet: (please circle) Male Male Neutered Female Female Spayed

Referring Veterinarian's Name: _____

Referring Practice / Clinic _____ City: _____

Pet's Regular Vet / Practice (if different from referral) _____

- The Veterinary Ophthalmologist(s) and Technician(s) will be very close to your pet's face. Please indicate on this form and advise our staff if your pet is known or suspected to bite and/or scratch. (please circle) **YES NO UNSURE**
- I (owner / agent) understand that **fees are payable at the time services are rendered**. The Animal Eye Clinic of Pittsburgh, Inc. does not have a payment plan.
- I (owner / agent) understand that if my pet is admitted to the clinic for a procedure / surgery, a deposit of 50% of the estimate will be required. The balance will be due at the time of release / discharge.
- The Animal Eye Clinic of Pittsburgh, Inc. accepts the following forms of payment: Cash, Check (with valid I.D.), Visa, MasterCard, Discover, American Express and Care Credit.
- Clients are advised to be considerate of patients on our appointment waiting list. We require 24 hours notice to cancel or reschedule your pet's appointment. *Otherwise, a non-refundable \$60.00 missed / un-cancelled appointment fee will be charged.*

Owner / Agent Signature _____ Date: _____