

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.