

PVSEC – Internal Medicine/Oncology/Radiation Oncology

New Client/Patient Information Form

807 Camp Horne Road Pittsburgh, PA 15237

Phone 412-366-3400/ Fax 412-366-3489

Owner/Primary contact:

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

Last Name _____ First Name _____

Additional owner(s) _____

Address _____

City _____ State _____ Zip Code _____

Home# _____ Cell# _____ Work# _____

Email address _____

Employer _____ City _____

Patient information:

Name _____ Species: Dog Cat Other _____

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

Sex (please circle) Male Male Neutered Female Female Spayed

Referring Veterinarian's Name _____

Referring Practice/Clinic _____

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

Reason for today's visit _____

- I (owner / agent) understand that fees are payable at the time services are rendered. PVSEC does not have a payment plan.
- I (owner / agent) understand that, if my pet is admitted to the hospital for a procedure, a deposit will be required. The balance will be due at the time of release / dismissal.
- PVSEC accepts the following forms of payment: Cash, Check (with valid driver's license), Visa, MasterCard, Discover Card, American Express, and Care Credit.

Owner / Agent Signature _____

Has this pet ever seen any of our other services?

_____ Emergency _____ Internal Medicine _____ Surgery _____ Neurology

_____ Cardiology _____ Oncology _____ Ophthalmology _____ Dermatology

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.