

North Hills  
807 Camp Horne Rd  
Pittsburgh PA 15237  
412.366.3400  
412.366.3489 (fax)



South Hills  
1535 Washington Rd  
Washington PA 15301  
724.809.2000  
412.366.3489 (fax)

## REGISTRATION FORM

### OWNER INFORMATION

Name \_\_\_\_\_ Spouse/Co-owner \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

### CONTACT INFORMATION

Home \_\_\_\_\_

Work \_\_\_\_\_

Cell \_\_\_\_\_

Other \_\_\_\_\_

Email \_\_\_\_\_

### PATIENT INFORMATION

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex  Female  Male

Species \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_  Spayed  Neutered

### REFERRING VETERINARIAN INFORMATION

Referring veterinary clinic \_\_\_\_\_

Referring veterinarian \_\_\_\_\_

Reason for visiting PVSEC/BluePearl today \_\_\_\_\_

Pet's regular veterinarian/clinic (if different from referral) \_\_\_\_\_

Is your pet actively seeing any of our services?  Cardiology  Dermatology  Neurology  Ophthalmology  
 Dentistry  Internal Medicine  Oncology  Surgery

**PLEASE NOTE:** Due to the high costs of billing, the following policy has been established:

- Full payment is expected upon discharge of the patient from the hospital.
- A deposit equaling 100% of the low end of the estimate is required prior to treatment.
- Methods of payment include: Cash, check (with photo ID), MasterCard, Visa, Discover, American Express, CareCredit.

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.

Owner/Agent Signature \_\_\_\_\_ Date \_\_\_\_\_