

PVS-EC – Cardiology

807 Camp Horne Road, Pittsburgh, PA 15237

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

Owner/Primary Contact:

(Circle One) Mr. Mrs. Dr. Rev. Other: _____

Last Name _____ First Name _____

Additional Owner(s) _____

Street Address: _____

City _____ State _____ Zip Code _____

Home # _____ Work # _____ Cell# _____

Email Address: _____

Employer _____ City _____

Patient:

Name _____ Species (Circle One): Dog Cat Other: _____

Breed _____ Color _____ DOB/Age: _____

Gender (Circle One) Male Male Neutered Female Female Spayed

Referring Veterinarian's Name: _____

Referring Practice/Clinic: _____

Patients Regular Vet (if different from the referral) _____

Reason for Today's Visit: _____

- I (the owner / agent) understand that fees are payable at the time services are rendered and that PVS-EC 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 will be required and the remaining balance will be due at the time of release / dismissal.
- PVS-EC accepts the following forms of payment: Cash, Check (with a valid driver's license), Visa, MasterCard, Discover Card, and Care Credit.

Owner /Agent Signature: _____ Date: _____

Please check any other specialist departments that your pet has seen in our facility:

_____ Emergency _____ Internal Medicine _____ Surgery _____ Neurology
_____ Critical Care _____ Ophthalmology _____ Oncology _____ 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.