Pittsburgh Veterinary Specialty & Emergency Center
807 Camp Horne Road
Pittsburgh, PA 15237
412-366-3400
Fax 412-366-3489

PVSEC
PITTSBURGH VETERINARY SPECIALTY & EMERGENCY CENTER

Registration Form

Owner: _____
(Last Name) (First Name)

Address: _____

City_____ State_____ Zip_____

Phone: Home: _____
Work: _____
Cell: _____

Email: _____

Patient: Name:_____ Age: _____ Sex:____

Species:_____ Breed:_____ Color:_____

Referring Veterinarian: Name:_____

Clinic:_____

Reason for Visit to Pittsburgh Veterinary Specialty & Emergency Center:

_____

_____

_____

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, MasterCard, Visa, Discover, American Express.

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 hospital