

East End Veterinary Medical Centre
5875 Ellsworth Avenue
Pittsburgh, PA 15232
Tel: 412-361-5000 Fax:412-361-4323

Please provide the following information for our records(**Please print clearly**):

Name _____

Street Address _____

City/State/Zip: _____

Home # _____ Cell#: _____ Work# _____ Other# _____

Email Address(used for pet reminder purposes only, not sold to 3rd parties): _____

Occupation: _____

Best way to reach you? Home# Cell# Work# Other# Email
Can we contact you with iMessage(iPhone/iPad)? _____

Pet Name _____

Species: (Dog or Cat) Breed: _____ Color: _____
If cat: Indoors _____ %- Outdoors _____ %

Sex: Male/Female, Spayed/Neutered Age: DOB _____ or ___ yrs ___ mos ___ wks

Current Diet _____ How many pets in the household? _____

Are pictures of your pet allowed on our Facebook page? _____

How did you hear about us?(If a friend, be specific so we give them credit)

Does your pet have any allergies or illnesses we should be aware of?

Is your pets previous health record available (Y/N)
If yes, from whom can we get the record? _____

Statement of Ownership and Consent: I am the owner and/or agent for the above animal and have the authorization to consent to treatment if and when it is necessary. I also assume financial responsibility for all charges incurred, and agree to pay all such charges at the time services are rendered or as arranged prior to examination and/or treatment.

Signature: _____ Date: _____

