

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**): **Your**

Name: _____

Secondary Owner/Agent

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(circle one)? Home# Cell# Work# Text Email Pet

Name _____

Species: (Dog or Cat) Breed: _____ **Color:** _____ **If cat:**

Indoors _____ % **Outdoors** _____ %

Sex: _____ **Spayed/Neutered?** _____

Age: DOB _____ **or** _____ **yrs** _____ **mos** _____ **wks**

Current brand/type of diet _____ **How many pets in the household?**

Are pictures of your pet allowed on our Facebook and Instagram 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:** _____