

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:

Name _____

Street Address _____

City _____ **Zip Code** _____ **Home #** _____

Other # _____ **Occupation** _____

Email Address _____

Best Way To Reach You? Home # Cell # Work # Email

Pet Name _____

Species Dog Cat **Breed** _____ **Color** _____

If cat: % of Time Spent Indoors _____ - % of Time Spent Outdoors _____

Sex Male Female Spayed Neutered **Age** _____ **Yrs** _____ **Mos** _____ **Wks** _____

Current Diet _____

of Pets in Household _____

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

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

Is your pet's previous health record available? Yes No

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** _____