

**PITTSBURGH EAST ANIMAL HOSPITAL**  
**WELCOME TO OUR PRACTICE**

To insure the best quality of care for your pet, please take the time to fill out this form completely.

Owner: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer: \_\_\_\_\_ Work Number: \_\_\_\_\_

Spouse: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Spouse Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

How did you learn about us? \_\_\_\_\_

Referred by: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**PET HEALTH HISTORY**

Name of pet: \_\_\_\_\_ Dog: \_\_\_\_\_ Cat: \_\_\_\_\_ Birth date: \_\_\_\_\_

Breed: \_\_\_\_\_ Color/markings: \_\_\_\_\_

Male: \_\_\_\_\_ Neutered: \_\_\_\_\_ Intact: \_\_\_\_\_ Female: \_\_\_\_\_ Spayed: \_\_\_\_\_ Intact: \_\_\_\_\_

Date & type of last vaccinations: \_\_\_\_\_

Reason for today's visit: \_\_\_\_\_

PLEASE CIRCLE ANY SYMPTOMS OR PROBLEMS THAT YOUR HAVE NOTICED ABOUT YOUR PET

Behavior Problems	Bleeding Gums	Breathing Problems	Constipation
Coughing/Gagging	Depressed	Diarrhea	Eye Problems
Increased Thirst	Increased Urination	Limping	Loss of Balance
Not Drinking	Not Eating	Scotting	Scratching
Sneezing	Vomiting	Weakness	Other _____

Is your pet currently taking medication? \_\_\_\_\_

What do you feed your pet? \_\_\_\_\_

**AUTHORIZATION**

I authorize PEAH to examine, prescribe for and/or treat the above indicated pet. I agree to assume responsibility for all charges incurred in the care of this animal and agree to pay for services rendered at the time of service. I agree that if my pet requires surgery or hospitalization, a deposit will be required upon admission. The deposit will depend upon services to be rendered and I agree to pay the lower end of the estimate upon admission and the balance of that service at the time of discharge unless prior arraignments have been made.

Authorized signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please note: There is a \$25.00 fee for all returned checks.