

**VALLEY CENTRAL VETERINARY REFERRAL AND
EMERGENCY CENTER**

210 Fullerton Avenue, Whitehall, PA 18052
Phone 610-435-1553 Fax 610-435-6378
www.vcvrec.com



CLIENT INFORMATION

Date: _____
Owner Name: _____ Spouse/Other: _____
Date of Birth: _____ Date of Birth: _____
Address: _____
City: _____ State: _____ Zip: _____

OWNER INFORMATION

Email: _____
Primary Phone: _____ Cell Home
Secondary Phone: _____ Cell Home

SPOUSE/OTHER INFORMATION

Email: _____
Primary Phone: _____ Cell Home
Secondary Phone: _____ Cell Home

PATIENT INFORMATION

Patient Name: _____ Dog Cat Breed _____
Circle One: Male/Intact Male/Neutered Female/Spayed Female/intact
Birth Date: _____ How long have you owned this pet? _____ Color: _____
Is this pet covered under insurance? Yes/No Insurance Company: _____
Primary/Referring Veterinarian Name: _____ Hospital Name: _____
Did you bring X-rays and/or medical records from your veterinarian? Yes/No
Date of Last Rabies Vaccine: _____ Reason for Visit (primary complaint): _____
Please list any of your pet's drug allergies or special problems that we should be aware of: _____

May we use images of your pet in advertising and/or social media such as Face Book or Twitter? Yes/No

Payment Information

Following the doctor's examination, we will provide you with an estimate of fees. **All professional fees are due at the time services are rendered, with a 100% deposit required to begin diagnostics, surgery, and/or emergency treatment.** We accept cash, check (with appropriate identification and check approval), & all major credit cards. We can help you establish a payment arrangement if you are approved by Synchrony Bank - Care Credit®, All Pet or ScratchPay prior to treatment. We encourage you to discuss all fees with the doctor before services are performed.

VCVREC is comprised of multiple departments within the same center. Charges that are assessed for your pet will be billed separately through each appropriate department. If you have any questions, please be sure to ask any of our office staff.

SIGNATURE OF RESPONSIBLE PARTY: _____ **DATE:** _____