



Harts Run Veterinary Hospital

728 Dorseyville Road, Pittsburgh, PA 15238-1102
(412) 963-8889 FAX (412) 963-6799 www.HartsRunVet.com

Thank you for giving Harts Run Veterinary Hospital the opportunity to care for your pet. So that we may become better acquainted, please complete the following.

CLIENT INFORMATION

Mr/Mrs/Ms/Dr _____ Spouse: _____
(Circle one) LAST, FIRST LAST, FIRST

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Email: _____ Cell Phone: _____

Spouse's Work Phone: _____

Place of Employment: _____

Spouse's Place of Employment: _____

If necessary, may we call you at work? YES NO

How did you become aware of our hospital? Yellow Pages Hospital Sign Other
Personal/Professional recommendation (Who may we thank?) _____

ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED

Please indicate your choice of payment: Cash Check MC/Visa

You are entitled to a senior citizen's discount if you are 60 years or older. Yes, I am over 60.

| PATIENT INFORMATION | PET #1 | PET #2 | PET #3 |
|-----------------------------------|--------|--------|--------|
| Name | | | |
| Breed | | | |
| Color | | | |
| Date of Birth | | | |
| Sex | | | |
| Spayed/Neutered | | | |
| YOUR DOG'S MEDICAL HISTORY | | | |
| Rabies vaccine | | | |
| DHPP (Distemper) | | | |
| Bordetella/Kennel Cough | | | |
| Corona vaccine | | | |
| Heartworm test | | | |
| YOUR CAT'S MEDICAL HISTORY | | | |
| Rabies vaccine | | | |
| FVRCP vaccine | | | |
| Feline Leukemia vaccine | | | |
| Feline Leukemia test | | | |

Any previous serious illnesses or surgeries? _____

Any allergies to vaccinations or medications? _____

Is your pet on any special diets or medications? _____