



the BIG EASY Animal Hospital
5328 Butler Street, Pittsburgh, PA 15201
(412) 908-9301

Client Information

Mr. Mrs. Ms. _____
First Name Last Name Spouse's Name

Street Address City State Zip Code

Home Phone # Work Phone # Cellular Phone #

Driver' License # other

Please list any veterinarians that your pet has seen in the past few years: _____

How many of each pet do you have in your household? Dogs: _____ Cats: _____ Birds: _____ Other: _____

How did you hear about our hospital? Referred by _____ Phone Book Advertisement Other: _____

Patient Information

Name of Pet Species: Canine Feline Avian Other: _____

Breed Color or Markings Date of Birth

Male Spayed/Neutered
Female Not Spayed/Neutered

Dates of Last Vaccinations: Distemper _____ Rabies _____
Feline Leukemia _____ Other _____

Any Current Medications and Dosages: _____

Authorization for Medical Treatment

Permission is hereby granted for the treatment and services deemed necessary by the professional staff of the BIG EASY Animal Hospital to insure the best possible care for my pet. I assume financial responsibility for all charges incurred to the patient, consent to the release of medical information and authorize direct payment to the BIG EASY Animal Hospital, 5328 Butler Street, Pittsburgh, PA 15201. I understand that FULL PAYMENT IS DUE AT THE TIME SERVICES ARE RENDERED, and that the BIG EASY Animal Hospital DOES NOT BILL. **The BIG EASY Animal Hospital will provide an estimate for recommended services if needed.** I also understand that an estimate of services and charges will be provided if non-elective hospitalization is necessary and that the BIG EASY Animal Hospital requires a deposit, equal to the low end of the estimate, payable in the form of cash, check, or credit card prior to hospitalization.

I intend to pay by: Cash Check Credit Card

Signature of Owner or Responsible Agent Witness (Employee)

Office Use Only: Date: _____ Account #: _____
