

VALLEY CENTRAL VETERINARY REFERRAL AND EMERGENCY CENTER

210 Fullerton Avenue, Whitehall, PA 18052

Phone 610-435-1553 Fax 610-435-6378

www.vcvrec.com



SURGERY

Carlos Hodges, DVM, MS, PC
Practice Limited to Surgery

Guy DeNardo, DVM
Practice Limited to Surgery

Angela Gifford Carnathan, DVM, DACVS-SA

Lindsay Schmidt, DVM
Practice Limited to Surgery

CRITICAL CARE

Tara Fetzer DVM, DACVECC

INTERNAL/NUCLEAR MEDICINE

Ronald Hodges, DVM, PC, DACVIM

Candace Carter, DVM, PhD, DACVIM

CARDIOLOGY

Meg Sleeper, VMD, DACVIM

OPHTHALMOLOGY

Robert Peiffer, DVM, PhD, DACVO

Seth Koch, VMD, DACVO

ACUPUNCTURE

Diane Gabriel, VMD, CVA, CVCHM

ONCOLOGY

Christine Mullin, VMD, DACVIM

Rebecca Risbon, VMD, DACVIM

CLINICAL PATHOLOGY

Kristin Fisher, DVM, MS, DACVP

EMERGENCY

Lori Schluth, VMD

Amanda Teter, VMD

Katharine Ziegler, DVM

Caitlin Leone, DVM

Jeanette Rilling, VMD, MS

BEHAVIOR

Robin Stephan

CLIENT INFORMATION

Date: _____

Owner Name: _____ Spouse/Other: _____

Date of Birth: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

OWNER INFORMATION

Email: _____

Primary Phone: _____ Cell Home Primary Phone: _____ Cell Home

Secondary 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®, Wells Fargo 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: _____