VALLEY CENTRAL VETERINARY REFERRAL AND EMERGENCY CENTER

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

AAHA ACCREDITED REFERRAL The Standard of Veterinary Excellence

SURGERY
Carlos Hodges, DVM, MS, PC
Practice Limited to Surgery
Guy DeNardo, DVM
Practice Limited to Surgery
Angela Gifford, DVM
Practice Limited to Surgery
Daphne Clendaniel, VMD
Practice Limited to Surgery

INTERNAL/NUCLEAR MEDICINE
Ronald Hodges, DVM, PC, DACVIM
Candace Carter, DVM, PhD, DACVIM

OPHTHALMOLOGY
Robert Peiffer, DVM, PhD, DAVCO
Mary Landis, VMD, MA
Practice Limited to Ophthalmolgy

ONCOLOGY
Craig Clifford, DVM, MS, DACVIM
Kate Vickery, VMD, MS, DACVIM

BEHAVIOR
Robin Stephan

CARDIOLOGY
Jonathan Goodwin, DVM, MS, DACVIM
Meg Sleeper, VMD, DACVIM
Dennis Burkett, VMD, PhD, DACVECC, DACVIM

ACUPUNCTURE
Lee Simpson, DVM, CVA, CVC
Diane Gabriel, VMD, CVA

EMERGENCY
Karen Patton, DVM
Heather Regan, VMD
Joshua Sprague, DVM
Adam Duris, DVM
Matthew Mink, DVM
Stacy Dietrich, DVM

CLIENT INFORMATION

Date: _____ Patient I.D. #: _____ Office Use Only

Owner Name: _____ Spouse/Other: _____

Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

OWNER INFORMATION

Email: _____

Work Phone: _____

Cellular Phone: _____

SPOUSE/OTHER INFORMATION

Email: _____

Work Phone: _____

Cellular Phone: _____

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: _____

Referring Veterinarian Name: _____ Referring 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: _____

_____

Have any doctors at VCVREC seen your pet in the past? Yes/No

If yes, which doctor(s), which pet(s), and date(s): _____

Have you heard about our Center prior to this visit? Yes/No If yes, explain: _____

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 GE Capital - Care Credit® 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: _____