



# VALLEY CENTRAL VETERINARY REFERRAL CENTER

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

## CLIENT INFORMATION

Owner Name: \_\_\_\_\_ Spouse/ Other: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

### Owner Information

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cellular Phone: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ DOB: \_\_\_\_\_

### Spouse/Other Information

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cellular Phone: \_\_\_\_\_

Driver's License: \_\_\_\_\_ DOB: \_\_\_\_\_

## 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: \_\_\_\_\_

Where did you acquire pet? Breeder \_\_\_\_\_ Individual \_\_\_\_\_ Shelter \_\_\_\_\_ Pet Shop \_\_\_\_\_ Rescue \_\_\_\_\_

Date of Last Vaccine \_\_\_\_\_ Referring Veterinarian Name/Hospital \_\_\_\_\_

Reason for Referral (primary complaint) \_\_\_\_\_

Please list any of your pet's drug allergies or special problems that we should be aware of \_\_\_\_\_

Have any doctors at Valley Central Referral seen your pet in the past? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, which doctor(s) and which pet(s): \_\_\_\_\_

Have you heard about our hospital prior to this referral? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Did you bring X-rays and/or medical records from your veterinarian? 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 treatment. We accept cash, check (with appropriate identification and check approval), major credit cards; or we can help you establish a payment arrangement if you are approved by GE Capital - Care Credit in advance of treatment. We urge you to discuss all fees with the doctor before services are performed.

Valley Central Veterinary is comprised of multiple practices within the building. Charges that are assessed for your pet will be billed separately through each appropriate practice. If you have any questions, please be sure to ask any of our front desk staff.

**SIGNATURE OF RESPONBILE PARTY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

### SURGERY

Carlos C. Hodges, D.V.M., M.S., P.C.  
Practice Limited to Surgery  
Phil Zeltzman, D.V.M.  
Diplomate, ACVS

### INTERNAL MEDICINE

Ronald D. Hodges, D.V.M., PC  
Diplomate, ACVIM  
Candace D. Carter, D.V.M.  
Diplomate, ACVIM

### CARDIOLOGY

Dennis E. Burkett, V.M.D., Ph.D  
Diplomate ACVECC, ACVIM  
Steven G. Cole, D.V.M.  
Diplomate ACVECC, ACVIM

### OPHTHALMOLOGY

Robert L. Peiffer, D.V.M., Ph.D  
Diplomate ACVO  
Mary Landis, V.M.D., M.A.  
Resident in Ophthalmology

### NUCLEAR MEDICINE

Ronald D. Hodges, D.V.M., P.C.  
Diplomate, ACVIM

### DERMATOLOGY

Brian Palmeiro, V.M.D.  
Diplomate, ACVD  
Kevin Shanley, D.V.M.  
Diplomate, ACVD