



Client / Pet Information Sheet

Date: _____

Owners Name: _____
Last First

Co-Owners Name: _____
Last First

Address: _____ Zip: _____
Street/City

Phone Numbers: _____
Home Work Other

E-mail address: _____

Owner's date of birth: _____ (The DEA requires this information from us for any controlled drugs we dispense to your pet.)

Occupation: _____ Employer: _____

Work Address: _____

Referring Veterinarian: _____ Phone: _____

Hospital Name & Address: _____

Pet's Name: _____ Dog _____ Cat _____ Breed _____

Sex: _____ Altered? (Y/N) _____ Age or Birthdate: _____ Color _____

Date your pet was last vaccinated: _____ Last rabies vaccination: _____

Please Sign The Following Authorization For Treatment

I hereby authorize the staff of VCA to render any treatment that is deemed necessary to my pet's health while in the custody of the hospital. I understand that in the event of any unusual or emergency circumstances, the staff will make every attempt to contact me or my designated representative before, if time permits, proceeding with treatment. I understand that I will be financially responsible for all emergency procedures including the Estimate of Charges provided to me in person or over the telephone. **I understand that professional fees are to be paid at the time services are rendered and a deposit is required on all pets admitted to the hospital.**

Signature of Owner, Agent or Good Samaritan Date Signature of Spouse Date

Please Circle Your Method of Payment: Cash Check Visa MasterCard Discover Amex

Pertinent History

Owner's last name: _____ Pet's name: _____ Date: _____

1. What problem are we seeing your pet for today:

2. Duration of the problem:

_____ days

_____ weeks

_____ months

_____ years

Is the problem:

_____ improving

_____ static

_____ deteriorating

_____ episodic (waxes/wanes)

Over the last:

_____ weeks

_____ months

_____ years

3. Significant past medical/surgical history (e.g. heart, liver, kidney, thyroid disease):

4. Does your pet show any of the following signs? If so, please state with what frequency:

Chronic coughing/sneezing _____

Chronic vomiting/diarrhea _____

Runny eyes/nose _____

Exercise intolerance _____

Increased thirst _____

Increased urinary frequency _____

5. Past drug reactions/allergies:

6. Has your pet undergone anesthesia before:

_____ yes

_____ no

Any problems (i.e. prolonged recovery) following anesthesia:

_____ yes

_____ no

If yes, please explain:

**Directions to VCA Animal Specialty Group
5610 Kearny Mesa Road, Ste. B
San Diego, CA 92111
(858) 560-8006**

From San Diego and South County

(Down town, Coronado, Chula Vista, Imperial Beach, Point Loma)

Take 5 or 805 North, or 8 East to 163 North to Clairemont Mesa Blvd. West. First intersection will be Kearny Mesa Rd. Turn right and go about ¼ mile and building will be on the left side.

From La Jolla area

(Pacific Beach, Mission Beach, La Jolla)

52 East to 163 South to Clairemont Mesa Blvd. West. First intersection will be Kearny Mesa Rd. Turn right and go about ¼ mile and building will be on the left side.

From North County Inland

(Escondido, Ramona, Poway, Valley Center, San Marcos, Temecula, Murrieta, Riverside)

15 South to 163 South to Clairemont Mesa Blvd. West. First intersection will be Kearny Mesa Rd. Turn right and go about ¼ mile and building will be on the left side.

From North County Coastal

(Del Mar, Solana Beach, Encinitas, Oceanside, Carlsbad, Orange County)

5 South to 805 South to 52 East to 163 South to Clairemont Mesa Blvd. West. First intersection will be Kearny Mesa Rd. Turn right and go about ¼ mile and building will be on the left side.

From East County

(El Cajon, La Mesa, Lemon Grove, Alpine, Brawley, El Centro, Yuma)

8 West to 805 North to 163 North to Clairemont Mesa Blvd. West. First intersection will be Kearny Mesa Rd. Turn right and go about ¼ mile and building will be on the left side.

From Lakeside, Santee,

52 West to 163 South to Clairemont Mesa Blvd. West. First intersection will be Kearny Mesa Rd. Turn right and go about ¼ mile and building will be on the left side.