



Animal Specialty Group

Client/Pet Information Sheet

Date: _____

Owner's Name: _____
Last First

Co-Owner's Name: _____
Last First

Address: _____ Zip Code: _____
Street/City

Phone Numbers: _____
Primary Work Cell

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: _____ Active Duty Military: Yes ___ No ___

Primary Veterinarian: _____ Phone: _____

Hospital Name: _____

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

Sex: ___ Altered? (Y/N) ___ 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

VCA Animal Specialty Group

Pertinent History

Owner's 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. Past drug reactions/allergies:

5. Current medications your pet receives (dosages if available) and when the last dose was given:

6. Food and nutritional supplements your pet is on:

7. How would you characterize your pet's temperament:

_____ mellow

_____ average

_____ would never bite

_____ high strung/nervous

_____ may bite, please use caution

_____ may bite if stressed or felt the need to protect itself

VCA CONTENT RELEASE AUTHORIZATION FORM

The undersigned hereby grants VCA Animal Hospitals, its parents, subsidiaries, and their affiliates (collectively, "VCA") the right and permission to use the undersigned's name, image, voice, appearance, statement, endorsement and/or testimonial, as such may be embodied in any written statements, pictures, photographs, film or video recordings, audio recordings, digital images, and the like, taken or made by VCA or its representatives or supplied by the undersigned to VCA or its representatives (collectively, the "Material"). The undersigned acknowledges that where applicable this release form and the rights and permissions granted herein shall also extend to the undersigned's pet.

The undersigned acknowledges and agrees to the following:

1. All rights and permissions granted to VCA shall extend to its successors, representatives, licensees and assigns and are irrevocable and perpetual without any further or additional claim for compensation by the undersigned.
2. The undersigned hereby irrevocably authorizes and grants permission and an unrestricted right to VCA to reproduce, distribute, exhibit, publish, republish, prepare derivative works of, display and perform, use or re-use, in whole or in part, in conjunction with other images, graphics, text and sound the Materials in any media formats and through any media channels now known or hereinafter invented or discovered, including in connection with any VCA advertising and marketing efforts. Such license shall include all rights and permissions to reproduce your likeness, name, and any other personal information (including your animal's likeness, name, and information) in any way whatsoever and without restrictions for any lawful purpose. The rights and permissions granted herein are absolute and final and shall not be subject to further inspection or approval by the undersigned.
3. By providing VCA with any Material the undersigned is representing to VCA that such Material is the undersigned's ~~own creative work and/or the undersigned has obtained all the necessary use permissions, and none of the foregoing~~ infringes or violates any third party rights, including intellectual property rights.
4. There will be **NO** compensation from VCA for the use of the Materials now or in the future. The undersigned will make no monetary or other claim against VCA for the use of the Materials.
5. The undersigned warrants that he/she has read and understands the contents of this Photo Release Form and that the undersigned is of full legal age to enter into an agreement.
6. With full knowledge of the above, the undersigned hereby releases and shall hold harmless VCA and its successors, legal representatives, licensees and assigns from all claims or damages including but not limited to defamation or violation of rights of privacy or publicity, resulting from or associated with the use of the Materials.
7. The undersigned agrees that the provisions contained herein shall be binding upon the undersigned and his/her successors, legal representatives and assigns.

I have read and understood this VCA Content Release Authorization Form.

Signature: _____ Date: _____
Print Name: _____
Address: _____ Email: _____

****If the person signing is under age 21, consent by a parent or guardian is required as follows:

I hereby certify that I am the parent or guardian of _____, named above, and do hereby give my consent without reservation to the foregoing on their behalf.

(Parent/Guardian's Signature) (Date)

(Parent/Guardian's Printed Name)



**Directions to VCA Animal Specialty Group
5610 Kearny Mesa Road, Ste. B
San Diego, CA 92111
(858) 560-7778**

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. Exit Clairemont Mesa Blvd. West. First intersection will be Kearny Mesa Road. Turn right and go about ¼ mile and the building will be on the left side. Building will say “Animal Specialty Group”.

From La Jolla area

(Pacific Beach, Mission Beach, La Jolla)

52 East to 163 South. Exit Clairemont Mesa Blvd. West. First intersection will be Kearny Mesa Road. Turn right and go about ¼ mile and the building will be on the left side. Building will say “Animal Specialty Group”.

From North County Inland

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

15 South to 163 South. Exit Clairemont Mesa Blvd. West. First intersection will be Kearny Mesa Road. Turn right and go about ¼ mile and the building will be on the left side. Building will say “Animal Specialty Group”.

From North County Coastal

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

5 South to 805 South to 52 East to 163 South. Exit Clairemont Mesa Blvd. West. First intersection will be Kearny Mesa Road. Turn right and go about ¼ mile and the building will be on the left side. Building will say “Animal Specialty Group”.

From East County

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

8 West to 805 North to 163 North. Exit Clairemont Mesa Blvd. West. First intersection will be Kearny Mesa Road. Turn right and go about ¼ mile and the building will be on the left side. Building will say “Animal Specialty Group”.

From Lakeside, Santee,

52 West to 163 South. Exit Clairemont Mesa Blvd. West. First intersection will be Kearny Mesa Road. Turn right and go about ¼ mile and the building will be on the left side. Building will say “Animal Specialty Group”.