



# 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.