



**VCA BAY AREA VETERINARY
SPECIALISTS & EMERGENCY**
14790 Washington Ave., San Leandro, CA 94578

Today' Date: _____ Owners date of birth: _____

Owner's Name: Mr./ Mrs./ Ms./ Dr. (include Middle initial): _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () - _____ Cell Phone: () - _____

E-Mail Address: _____ @ _____ .Com

Pet's Name: _____ Birth date or approximate age: _____

Species: Dog Cat Bird Rabbit Other: _____

Breed: _____ Color: _____

Circle One: Male Neutered Male Female Spayed Female

Regular Veterinarian/Hospital: _____

Reason for Visit: _____

Current Medications or Supplements: _____

Are Vaccines Current: Yes No Unknown Date of Rabies Vaccine? _____

Has your pet shown aggressive behavior towards: People? Yes No Animals? Yes No

Emergency Consultation fee is due at time of check in

*The consulting veterinarian will discuss fees with you during your appointment. A deposit of the low end of the estimate is required before the services are performed and **full payment is due at the time of discharge from the hospital.** We accept Cash, Check, Care Credit, and most all major Credit Cards. Please ask a receptionist if you any questions regarding payment. **Finance charges will apply on unpaid balances.***

