VCA San Francisco Veterinary Specialists

Emergency Patient Intake Form

Provide the following information for our records, answering the prompts as best as possible. Please print clearly.

Today's Date:	Current Time: a.m. / p.m.

PERSONAL INFORMATION

Owner/Caregiver (Primary): _____ Date of Birth (M/D/Y): _____

Email: _____ Cell: _____

Driver's License #: _____ Place of Employment: _____

Owner/Caregiver (Secondary): _____ Date of Birth (M/D/Y): _____

Email: _____ Cell: _____

Driver's License #: _____ Place of Employment: _____

Home Number: _____ Other Number (Specify): _____

Street Address: _____ Apt# _____

City: _____ State: _____ ZIP: _____

In Case of Personal Emergency Contact: _____ Phone: _____

PET INFORMATION

Is This Pet Currently a Patient of VCA SFVS?: ❒Yes ❒No		Reason for Visit:	
Pet's Name:		Species: ❒Dog ❒Cat ❒Other:	
Breed:	Age/DOB:	Sex: ❒Male ❒Female	Spayed/Neutered: ❒Yes ❒No
Color/Markings:		Are Vaccinations Current?: ❒Yes ❒No ❒Unknown	

REFERRAL INFORMATION

Primary Care Veterinary Office #1: _____ City/State: _____

Primary Care Veterinarian's Name: _____

Did this veterinarian send you with any records, bloodwork, x-rays, etc.? ❒ Yes ❒ No

Primary Care Veterinary Office #2: _____ City/State: _____

Primary Care Veterinarian's Name: _____

Did this veterinarian send you with any records, bloodwork, x-rays, etc.? ❒ Yes ❒ No

How did you know to come to SFVS today?

❒ My Vet Recommended SFVS ❒Self-Referral ❒Other: _____

Please List Any Current Medications or Treatments:

Verified *by (Office Use Only):* _____

STATEMENT OF OWNERSHIP AND CONSENT

I Am Aware of/ Agree to **$115 Exam Fee**. Owner/Agent Initials: _____

I am the owner and/or agent of the listed animal and have the authorization to consent to treatment if and when it is needed. **By signing this form I agree that I am aware of and agree to pay the $115 emergency exam fee. I understand this fee does not include treatment or medications.** I authorize VCA San Francisco Veterinary Specialists to render any treatment that is deemed necessary for my pet's health while in custody of the hospital. I understand that in the event of any unusual or emergency circumstances, the medical care providers will make every attempt to contact me or my designated representative before, if time permits, proceeding with treatment. I understand that with any medical or surgical procedures there are always risks involved, including death, and that no warranty or guarantee is being made as to the results or cure.

I will be responsible for all charges incurred. I understand that I will be financially responsible for all fees for services included in treatment plans provided to me in person, over the telephone or via email. I will also be responsible for any additional fees for life-saving emergency procedures & treatments. I understand that professional fees are to be paid at the time services are rendered and prepayment is required for all pets admitted to the hospital.

I understand that I must come in and collect my animal on or before the date and time discussed and agreed upon once notified to do so. Additional charges will accrue if my animal is not collected on the date and time he or she is ready to be released from the hospital. A finance charge of 1.5% (18% per annum) will be charged on all unpaid invoices beginning 30 days from the invoice date. All unpaid checks and delinquent accounts will be transferred to a collection agency.

CLIENT RIGHTS AND RESPONSIBILITIES

Rights: As a valued client at VCA SFVS, you have the right to receive respectful and considerate care for your pet in a safe setting; to be provided the name of the treating veterinarian and receive information about your pet's health status by the veterinarian managing your pet's care; to receive as much information about any proposed treatment or procedure as you need to make an informed medical decision; to participate actively in decisions regarding your pet's medical care; to establish an advance health care directive for your pet; to seek a second opinion with another veterinarian at VCA SFVS or another facility if pet is stable to be transferred; to refuse treatment and to be informed of the medical consequences of such refusal; to examine and receive an explanation of charges related to your pet's care; to designate authorized caretakers or persons who can make medical decisions in your absence; to receive free copies of your pet's medical records or to have those records forwarded to another veterinary provider; to speak with a Manager on Duty; to file a grievance or complaint; to terminate care at VCA SFVS and to expect coordinated care with another veterinary clinic of your choice.

Responsibilities: Our medical team practices medicine in the best interest of the individual patient and cannot practice medicine based on requests or demands for particular medication, tests or treatments. We are committed to the future of veterinary professionals and as such, employ licensed DVM associate veterinarians. All staff at VCA SFVS have a right to be treated with respect in the workplace. VCA SFVS reserves the right to terminate a relationship with any Client who's abusive (including yelling, demeaning statements or threatening language towards veterinarian, staff, other clients or vendors); who after making an informed decision disputes medical outcomes; who repeatedly misses appointments or repeatedly cancels same day; or who does not pay for services. Under California law, you may not film or record any image, sounds or conversation with a VCA SFVS employee or veterinarian without the consent of all parties to the conversation and violation of this law may result in criminal or civil liability.

For more information, please ask to speak to Manager on Duty.

_____
Client Name (Please Print)

_____ _____
Client Signature Date

OPTIONAL MEDIA RELEASE

I hereby grant VCA San Francisco Veterinary Specialists (VCA SFVS or the VCA hospitals) permission to use my likeness and/or my pet's/pets' likeness in photograph(s)/video(s)/story in any and all of its publications and in any and all other media, whether now known or hereafter existing.

This release relates to photographs/videos intended for use in any hospital publication or a marketing or public relations nature, such as newsletters, brochures, websites/blogs/social networking sites, promotional items or other such material.

I will make no monetary or other claim against VCA SFVS for the use of photograph(s)/video(s).

_____ _____
Client Signature Date