



## 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.
<b>PERSONAL INFORMATION</b>				
Owner/Caregiver:			Date of Birth (M/D/Y):	
Street Address:			City/State/ZIP:	
Home Phone: (    )		Cell: (    )		Alt: (    )
Driver's License #:			Email:	

<b>PET INFORMATION</b>				
Is This Pet Currently a Patient of VCA SFVS?: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Reason for Visit:				
Pet's Name:		Species: <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other:		
Breed:	Age/DOB:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Spayed/Neutered: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Color/Markings:		Are Vaccinations Current?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Who Is Your Pet's Regular Veterinarian?: Doctor Name:			Clinic:	
Please List Any Current Medications or Treatments:				
How Did You Hear About VCA SFVS? Check All That Apply:				
<input type="checkbox"/> Primary Care Veterinarian <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Advertisement (Where?:    )				
<input type="checkbox"/> Online Search (Where/For What?:    ) <input type="checkbox"/> Other:				

**STATEMENT OF OWNERSHIP AND CONSENT:** I am the owner and/or agent of the above 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 \$105 emergency exam fee.** I understand this fee does not include treatment or medications. Any additional treatment or medication will be presented to me for authorization via a care plan. **I am aware that payment is due at time of service unless arrangement is made PRIOR to performance of service.** If I agree to my pet being hospitalized, I understand I will have to make a deposit in order to begin treatment.

I Am Aware of/  
Agree to \$105 Exam  
Fee. Owner/Agent  
Initials: \_\_\_\_\_

By signing this agreement, I authorize VCA San Francisco Veterinary Specialists staff to provide care and perform any treatment, including the administration of anesthesia and surgical procedures they consider reasonable and necessary for my animal, and I consent to any such services. 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 understand that I must come in and collect my animal before close of the next business day once notified to do so. Additional charges will accrue if my animal is not collected on the day he or she is ready to be released from the hospital. I will be responsible for all charges incurred. I understand that all veterinary services are to be paid for at the time such services are provided. 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.

Owner/Authorized Caregiver Signature (Required): \_\_\_\_\_ Date: \_\_\_\_\_

<b>Office Use Only</b>					
Wt:	Temp:	HR:	Resp:	MM:	CRT:

Verified by (Office Use Only): \_\_\_\_\_