



VCA San Francisco Veterinary Specialists Tech Time 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.
Owner/Caregiver:	Pet's Name:
Reason for Technician Time:	
Please List Any Concerns (If You Have Any Concerns, a Nurse Will Speak With You Shortly.):	

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 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: _____
 Verified by (Office Use Only): _____

Office Use Only

Dept:		Tech:		Dr. Consulted:	
Wt:	Temp:	Pulse:	Resp:	MM:	CRT:

Task Performed: Suture Removal # of Sites: _____ Description of Healing: _____
 Drain Removal # of Sites: _____

SQ Fluids: # mls Administered: _____ (Client Fluids Hospital Stock) Type: _____ Time: _____

Blood Test Requested: _____ Special Handling?: _____

Blood Draw: Purple Top X _____ Tiger Top X _____ Red Top X _____ Blue Top X _____ Other: _____

Location of Draw: _____ Bandage?: Yes No _____

Urinalysis: Free Catch (Owner) Free Catch (Hospital) Cystocentesis Ultrasound

Samples Submitted by: _____ MRE Entered: _____

Other: _____

Notes: _____
