



# VCA San Francisco Veterinary Specialists Drop-Off Intake Form

We appreciate your taking the time to fill out this form. It helps to ensure we provide the best possible care for your companion and better service for you. Please print clearly. Thank you.

Today's Date:	Current Time: _____ a.m. / p.m.
Owner/Caregiver:	Pet's Name:
What Is the Best Way to Reach You Today?: <input type="checkbox"/> Phone: (     ) <input type="checkbox"/> Email:	
When Will You Be Able to Pick Up Your Pet?:	
Illness/Diagnosis:	

### MEDICATION INFORMATION

Current Medications (Include Dosage and Frequency Given):
Did Your Pet Receive His/Her Medication This Morning?: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, What Medication Was Given and When?:
Are Any Other Medications Due Today?: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, What Medication Is Due and When?:
Do You Need Refills on Any Medications?: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Please Describe:

### PET'S CURRENT CONDITION

Appetite: <input type="checkbox"/> Good <input type="checkbox"/> Poor Diet:	Did He/She Eat Today?: <input type="checkbox"/> Yes <input type="checkbox"/> No
Water Consumption: <input type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/> Other:	
Vomiting or Coughing: <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, How Frequently?	
Eliminations: <input type="checkbox"/> Firm <input type="checkbox"/> Diarrhea Other:	
Describe Your Pet's Energy Level and Attitude:	
Is Your Pet Displaying Any Unusual Symptoms?: <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, Please Describe:	

**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: \_\_\_\_\_

Comments: \_\_\_\_\_

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