

Veterinarians Only
858.875.7575

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FAX 858.875.7525
TOLL FREE 877.VSH.PETS
EMERGENCY 858.875.7570

10435 Sorrento Valley Rd.
San Diego, CA 92121



CLIENT INFORMATION

Owner/Agent 1

Mr. Ms. Mrs. Dr.	Owner/Agent 1 First Name:	Owner/Agent 1 Last Name:	
Address:	City:	State:	ZIP:
Phone Number:	State Issued In:		
Pager Cell	Employer:	Employer Phone:	

Owner/Agent 2 (If Applicable)

Mr. Ms. Mrs. Dr.	Owner/Agent 2 First Name:	Owner/Agent 2 Last Name:	
Address:	City:	State:	ZIP:
Phone Number:	State Issued In:		
Pager Cell	Employer:	Employer Phone:	

PET INFORMATION

Pet's Name	Cat Dog Other	Breed	Color
Date of Birth	Length of Ownership	SEX Female Spayed Male Castrated	
Has your pet been vaccinated within the last year? No Yes When?			
Have there been any previous medical problems? No Yes Explain.			
Are there any known allergies or drug reactions? No Yes Allergic to:			
Is this an: Indoor pet Indoor/Outdoor pet Outdoor pet (yard) Outdoor pet (roams) Don't Know			
Who is your pet's regular veterinarian? Dr.		Name of the Hospital:	
Who referred you to this hospital? Dr.		Name of the Hospital:	
How did you hear about us?			
<input type="checkbox"/> Phonebook <input type="checkbox"/> Internet <input type="checkbox"/> Hospital sign <input type="checkbox"/> Prior visit <input type="checkbox"/> Friend/Relative <input type="checkbox"/> My Veterinarian <input type="checkbox"/> Other			

I, the undersigned owner of, agent of the owner of, or Good Samaritan responsible for seeking veterinary care for the pet identified above, certify that I am____ I am not____ (check one) eighteen years of age or over. I consent to the examination of this pet by veterinarians at Veterinary Specialty Hospital and CritiCare. I also agree that after consultation with me, the hospital's doctors may prescribe medication for, treat, hospitalize, sedate, anesthetize and/or perform surgery on my pet. I understand that some risks always exist and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian before the procedure is initiated. Should unexpected lifesaving emergency care be required and the attending veterinarian is unable to reach me, the hospital staff has my permission to provide such treatment, and I agree to pay for such care. I understand that an estimate of the fees for veterinary services may be provided to me and that I am encouraged to discuss all fees related to such care before services are rendered and during my pet's ongoing medical treatment. I understand that payment is due when services are rendered and if my pet is hospitalized, I agree to pay a deposit of the lower end of the estimated range. I agree to assume full financial responsibility for all fees, regardless of the outcome, and will provide payment via cash, check, or credit card (Visa, MasterCard, American Express, Discover, or CareCredit) at the time my pet is discharged from the hospital. I agree to pay a monthly billing and financing fee equal to 1.5% of any unpaid balance. Jurisdiction and venue for all purposes relating to this agreement shall be in San Diego County, California.

Signature of Owner/Agent 1

Date

Signature of Spouse/Agent 2 or Parent/Legal Guardian if under age 18

Date