

VCA San Francisco Veterinary Specialists Drop-Off Intake Form: DENTAL Exam/Anesthesia/Procedure

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. <u>Please print clearly</u>. 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?: ☐Phone: ()	
Reason for Visit/Procedure Planned:		
PET'S CURRENT CONDITION AND MEDICATION INFORMATION		
When Was Your Pet Last Fed?:		
Current Medications (Include Dosage and Frequency Given):		
Did Your Pet Receive His/Her Medication Today?: If Yes, Which Medications? (List or Circle Above):		
Is Your Pet Allergic to Any Medications?: □Yes □No If Yes, Which Medications?:		
Has Your Pet Had Any of the Following? (Check All That Apply): ☐Seizures ☐Vomiting ☐Diarrhea ☐Other:		
Do You Have Any Additional Concerns You Would Like Addressed? (Check All That Apply): □Anal Sac Expression □Nail Trim □Ear Cleaning □Other:		
Does Your Pet Prefer Medications in Liquid or Tablet Form? □Liquid □Tablet □Don't Know		
Please bear in mind that, due to the nature of dogs and cats, the extent of dental disease can be difficult to appreciate when they are awake (may be overestimated OR underestimated), prior to dental probing and X-rays. If an additional patient has come in through emergency during the morning or a procedure is more involved than anticipated, we may need to reschedule the procedure for your pet. 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	e Use Only):