

Humane Vet Hospital of San Diego | Drop-off Examination Client Form

Owners Name: _____ Pets Name: _____

New Pet: Returning Pet:

What is the best phone number to reach you at today: _____

Briefly describe the reason your pets visit today:

Is this a recurring issue with your pet?

How long has this issue been going on?

Please answer the following questions: This information is very important for the doctor to make an accurate assessment.

Has your pet been coughing? Yes No If yes, How long? _____

Has your pet been sneezing? Yes No If yes, How long? _____

Has your pet been vomiting? Yes No If yes, How long? _____

Has your pet recently had diarrhea? Yes No If yes, How long? _____

How has your pet's appetite been? Increased Decreased Normal If yes, How long?

How has your pet's thirst been? Increased Decreased Normal If yes, How long?

How is your pet's urination? Increased Decreased Normal If yes, How long?

How is your pet's defecation? Increased Decreased Normal If yes, How long?

How's your pet's activity level? Increased Decreased Normal If yes, How long?

Is your pet currently on any flea prevention? Yes No If so, what kind?

Is your pet currently on any heartworm prevention? Yes No If so, what kind?

Is your pet on any other form of medication or supplements? If so, please tell us the name and dose:

Signature of owner: _____ Date: _____

Drop-Off Examination and Payment Authorization

Client Information

Owners Name: _____ Pets Name: _____

Please read the following carefully and sign where prompted:

1. As owner, or duly authorized agent of the owner, of the above named animal, I hereby consent and authorize the Humane Vet Hospital of San Diego to receive, prescribe, treat or operate on this animal.
2. The office is to use all reasonable precautions against injury, escape or demise but will not be held liable or responsible in any manner regarding the care, treatment or safe keeping of the animal. I understand that I am assuming all risks involved in care and treatment for this animal. I consent to administration of anesthesia as deemed necessary by the doctor.
3. While I accept that all procedures will be performed to the best of the abilities of the staff at this hospital, I understand that no guarantee or warranty has been made regarding the results that may be achieved. I agree to assume financial responsibility for all over the phone authorized treatment, tests and medications recommended by the doctor.
4. Should unexpected life-saving emergency care be required and the hospital staff is unable to reach me, the staff has my permission to provide such treatment. I hereby agree to pay for such services. I understand that during the performance of medical, surgical or anesthetic procedures, unforeseen conditions may be revealed that necessitate more extensive, costly or different procedures than originally planned.
5. If the staff at this veterinary practice is unable to reach me, I hereby consent to and authorize the performance of procedures as are necessary and desirable in the professional judgment of the attending veterinarian with a maximum fee of _____.
6. All animals must be picked up by 5pm the day of drop off.
7. A written notice will be mailed to the address above. Five days after such notice, the animal will be considered abandoned and may be dealt with as the clinic deems appropriate. I understand that abandonment does not relieve me from responsibility of payment for any and all services rendered.
8. I agree that in the case of nonpayment, a fee of 5% per month (60% per annum) will be charged. All collection and attorney fees necessary to collect this debt will be borne by me. **PROFESSIONAL FEES ARE TO BE PAID AT THE TIME SERVICES ARE PERFORMED.**

Drop-Off Examination and Payment Authorization

Owners Name: _____ Pets Name: _____

| Credit Card Information |
|--|
| Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____ |
| Cardholder Name (as shown on card): _____ |
| Card Number: _____ |
| Expiration Date (mm/yy): _____ |
| Cardholder ZIP Code (from credit card billing address): _____ |

I certify I am authorized to use the above listed debit or credit card listed above. I hereby expressly authorize a one-time, immediate charge for the services authorized over the phone, to the debit or credit card as set forth and provided herein.

Signature _____ Date _____