

March 17, 2026

VCA Animal Hospitals, Inc.
Attn: Client Relations
12401 West Olympic Blvd.
Los Angeles, CA 90064

Re: Formal Complaint — VCA Emergency Animal Hospital & Referral Center, San Diego

Patient: Herb (Patient #200919)

Client: Eric Yingling (Client #54984)

Hospital: VCA Emergency Animal Hospital & Referral Ctr., 7675 Mission Valley Road, San Diego, CA 92108

Departments: Emergency and Internal Medicine (Dr. Daniel Cahn)

To VCA Corporate Client Relations:

I am writing to file a formal complaint regarding the care our dog Herb received at VCA Emergency Animal Hospital & Referral Center in San Diego during an inpatient stay from March 11 to March 13, 2026. Herb was admitted as a direct referral for a hepatopathy, severe thrombocytopenia, and left hind limb swelling. He walked into your facility on all four legs, was eating, and was alert. Forty-eight hours later, he was discharged for at-home euthanasia with new GI bleeding, melena, a painful abdomen, a dropping red blood cell count, and pale mucous membranes. He entered your hospital with a fighting chance. He left dying.

MY HISTORY WITH THIS HOSPITAL

I have been a client of this hospital for over a decade, starting at the Hotel Circle location. I know what excellent care from your staff looks like because I received it — repeatedly, over many years. Dr. Holly Mullen performed cranial cruciate ligament surgery with stem cell therapy on our dog Ethel. The experience was outstanding. Dr. Sara Ford, who has since left VCA, diagnosed and treated our dog Tallulah over the course of six months of outpatient appointments for a complicated case. Dr. Ford was a gifted physician who ran your Internal Medicine department, and under her leadership it had an excellent and well-deserved reputation.

I raise this because the care Herb received from Dr. Daniel Cahn in that same Internal Medicine department was unrecognizable from what we experienced under Dr. Ford. The decline is not subtle. It is a collapse. Your hospital moved to a newer, more impressive building on Mission Valley Road. The facility is clean and modern. But a clean lobby is not a substitute for competent, engaged medical care, and what we experienced during Herb's stay made that painfully clear.

SPECIFIC FAILURES DURING HERB'S STAY

Records not transferred between departments.

The ER doctor who admitted Herb on Wednesday night had his full medical history — including records from Kensington Veterinary Hospital (his primary care vet) and Dr. Todd Strubbe at VCA Eye Clinic for Animals — and discussed it with me in detail. By Thursday morning, Dr. Daniel Cahn in Internal Medicine

told us repeatedly he did not have access to those same records. This occurred within the same building. Critical hours were lost while Dr. Cahn attempted to get up to speed on a history that was already documented and already discussed one floor away.

No contact with Herb's primary care veterinarian.

Herb's team at Kensington Veterinary Hospital had successfully treated his hepatopathy in December 2025. They knew what worked. They knew which antibiotics brought his liver values down. Dr. Cahn was aware of this history but never picked up the phone to consult with the team that had actually saved Herb three months earlier. This was a basic, obvious step that did not happen.

No diagnostic direction.

Every question we asked across both departments was met with "I don't know" or speculation about diagnoses that had already been ruled out. Multiple doctors brought up tick-borne disease despite a comprehensive negative panel completed in February 2026 — results that had been shared with both Kensington Vet and your ER prior to admission. No one appeared to have read Herb's chart. No one articulated a clear plan. The care felt apathetic and transactional — as though because Herb didn't present with an obvious, acute trauma, he was not worth the full engagement of his care team.

Dietary instructions ignored.

Herb was on a specialized diet documented in his chart. We prepared six individual meals for his hospital stay and delivered them to your staff. On Thursday afternoon, the Internal Medicine team fed him generic processed kibble and canned tuna in front of us — food he did not eat and that was not part of his diet. They then noted he was having loose stool. We did their job for them, and they could not be bothered to open the container. This raises serious concerns about what was being missed when we were not present.

No urgency.

Herb's platelet count on admission was 7,000 — critically low, with risk of spontaneous hemorrhage. His liver enzymes exceeded your equipment's measuring capacity. He had visible bruising. At no point did we feel his care team was treating this as the emergency it was. There was no proactive plan. There was no sense that anyone was fighting for our dog.

Unsanitary catheter conditions.

On Friday afternoon, when Herb was brought to us in a visitation room, there was dried, caked vomit in the creases of the gauze wrapping his IV catheter site. There were small amounts of dried feces on the catheter line and on one of the plastic clips. He smelled of vomit. This is a severely thrombocytopenic patient with an IV line providing direct access to his bloodstream. When I raised this with the technician, he said: "We are really slammed today" and "We are only able to deal with what is in front of us." I escalated to Dr. Mazariegos, who apologized but took no further action.

Sent home smelling of vomit.

When we picked Herb up for discharge at approximately 8 PM that evening, the staff said they had bathed him. He still smelled of vomit. This was the final act of care your hospital performed for our dog before he went home to be euthanized. You could not even send him home clean.

WHAT I AM REQUESTING

First, I want a detailed written explanation of what happened during Herb's stay — specifically regarding the records transfer failure, the decision not to contact Kensington Vet, and the failure to follow dietary

instructions.

Second, I am requesting full reimbursement for Herb's hospitalization. We paid for emergency and specialty-level care. What was delivered left our dog in worse condition than when he arrived. The charges do not reflect the quality of care provided.

Third, I want to know what systemic changes will be made at this location. The handoff between ER and Internal Medicine must be seamless. Staff must follow documented care instructions. And the physicians managing critical cases must demonstrate competence, communication, and urgency. If Dr. Daniel Cahn's performance during Herb's stay represents the current standard at your San Diego location, that standard must change.

I have also filed a complaint with the California Veterinary Medical Board regarding Dr. Cahn's care of Herb. I am sharing this with you not as a threat but as a factual statement about the seriousness with which I view what happened. Herb deserved the same quality of care that Dr. Mullen and Dr. Ford delivered at this hospital for years. He did not receive it. I expect a substantive response.

Sincerely,

Eric Yingling
Client #54984