



838 N. Diamond Bar Blvd.  
Diamond Bar, California 91765  
909-787-8380  
sunsetvetcenter@gmail.com

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## Welcome to Sunset Veterinary Center!

### Client Information:

Name: \_\_\_\_\_ Spouse/Partner Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Parent Date of Birth (*For Prescription Medication Purposes*): \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone Number: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Phone Number: \_\_\_\_\_

### Patient Information (Additional Pet Information below):

Pet Name: \_\_\_\_\_ Sex:  Male  Female  Other - Spayed / Neutered:  Yes  No

Species:  Dog  Cat - Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Age: \_\_\_\_\_

Microchip Number: \_\_\_\_\_ Pet Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Vaccine History (Please list all previous vaccines and dates given): \_\_\_\_\_

Medical History (Please list any medical conditions and/or current medications): \_\_\_\_\_

### Additional Patient Information (If any):

Pet Name: \_\_\_\_\_ Sex:  Male  Female  Other - Spayed / Neutered:  Yes  No

Species:  Dog  Cat - Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Age: \_\_\_\_\_

Microchip Number: \_\_\_\_\_ Pet Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Vaccine History (Please list all previous vaccines and dates given): \_\_\_\_\_

Medical History (Please list any medical conditions and/or current medications: \_\_\_\_\_

**Whom may we thank for referring you to our practice? :**

\_\_\_\_\_  
***\*\*\* Please read our terms of service. Initial and sign below (Continue to next page).\*\*\****

\_\_\_\_ I am over 18 years of age and I assume financial responsibilities for all charges on this account.

\_\_\_\_ I hereby confirm that I am the responsible parent or guardian of the presenting pet and I have the right to authorize and make financial, diagnostic, and treatment decisions.

\_\_\_\_ I understand that no guarantees can be made in the recommendations, diagnostics and treatments that are offered and rendered to my pet.

\_\_\_\_ I understand that professional fees are to be paid at the time services are rendered and a deposit is required on all pets admitted to the hospital.

\_\_\_\_ In order to ensure the safety of all pets, parents and staff, I understand that all pets must be accompanied by parents and secured to a proper leash and/or kept in an appropriate carrier at all times. Dogs may be attached to a secure leash or kept in a proper carrier. All cats must be kept in a secure carrier only, as leashes alone do not provide adequate safety for cats in the clinic setting.

\_\_\_\_ In order to ensure the safety of all pets, parents and staff, I understand that behaviorally sensitive pets exhibiting significant signs of fear, anxiety, aggression, stress, protectiveness, etc., may require safety restraining devices, examination of a pet separated from parent(s), rescheduled/postponed appointment, and/or pre-visit or in-clinic medical therapy.

\_\_\_\_ I understand that Sunset Veterinary Center has a strict no-show / cancellation policy. In order to ensure that we are available to provide services to pets in need and as common courtesy, we ask all parents to promptly notify our staff if you are running late or unable to make it to your scheduled appointment. We understand life happens and changes in plans are sometimes unavoidable. However, failure to notify our staff of rescheduling and cancellation may significantly and negatively impact another sick pet's ability to receive urgent medical care and attention. Violation of this policy may be subject to future scheduling/booking-fees in the amount of the consultation fee as a deposit/prepayment that may be used towards the upcoming visit. Multiple violations of this policy are subject to termination of account and loss of client/patient privileges at Sunset Veterinary Center.

\_\_\_\_ I understand that Sunset Veterinary Center has a strict zero-tolerance policy for abuse and disrespect towards the staff. *Sunset Veterinary Center reserves the right to refuse service to anyone.*

\_\_\_\_ I hereby authorize the medical staff of Sunset Veterinary Center to render treatment and care that is deemed reasonable and necessary to my pet(s) health while physically under the care of this hospital. I understand that in the event of an emergency or critical situation, the staff will make every attempt to contact me or authorized representative before proceeding with treatment. I understand that I will be financially responsible for all emergency procedures including the Estimate of Charges provided to me verbally or in writing.

\_\_\_\_ Photo release waiver (Optional): I hereby authorize Sunset Veterinary Center to take and/or use photos and videos of my pet(s) and or myself in online publications, social media, or other marketing platforms, with prior consent for use.

Signature \_\_\_\_\_

Date: \_\_\_\_\_