



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

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: _____

Date of Birth (*For Prescription Medication Purposes*): _____

Emergency Contact Name: _____ Emergency Contact Phone Number: _____

Employer: _____ Employer Phone Number: _____

Patient Information (Additional Pet Information on Next Page):

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.

____ I understand that Sunset Veterinary Center has a strict zero-tolerance policy for abuse and disrespect towards the staff. *Sunset Veterinary Center reserves their 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: _____

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: _____