WesternU - Pet Health Center
611 E. Second Street, Pomona, CA 91766
PHONE: (909) 865-2433
EMAIL: pethealthcenter@westernu.edu

Client ID _____

Date: _____

Pet Health Center Registration Form

OWNER'S INFORMATION			
Owner's Last Name:	First:	MI:	Owner's DOB:
Primary Phone:	Secondary Phone:	☐ Current WesternU Employee or Student ↳ College: Dept: Title or Class Year:	☐ Veteran ☐ Senior 60+
Email Address:			
Street Address:			
City:	State:	Zip Code:	
Mailing Address (If different from above):			
City:	State:	Zip Code:	

We understand that it may be difficult to personally bring your pet to their appointment. Therefore, we would like the names of any spouse, caregiver, or friend that you authorize to initiate treatment on your behalf. Leave blank if not applicable.

Name:	Relation:	Phone:

PET INFORMATION (PATIENT):			
Name:		Species: ☐Dog ☐ Cat ☐ Other:	
Breed:		Color/markings:	
Birthday or Age:	Sex:	Spayed/Neutered: ☐Yes ☐ No	Microchip NUMBER *(to be scanned):*

TEACHING VETERINARY CLINIC

I understand and agree that the PHC operates as a teaching clinic. As such, veterinary students may be involved in the examination, treatment, and care of my pet under the direct supervision of a licensed veterinarian or Registered Veterinary Technician (RVT). By my signature below, I consent to this supervised involvement.

Owner/Agent Signature: _____ **Date:** _____

VETERINARY CLIENT-PATIENT RELATIONSHIP

The PHC is committed to maintaining a respectful, professional, and effective veterinary client-patient relationship (VCPR). This relationship is built on mutual trust, courtesy, and cooperation, all of which are essential to providing high-quality veterinary care. The PHC reserves the right, in its sole discretion, to terminate the VCPR at any time, with or without cause, including but not limited to situations involving missed appointments, non-payment, discourteous or unprofessional conduct, negative or disparaging statements (including on social media), or any other behavior the PHC determines to be inconsistent with maintaining an effective VCPR. In the event the PHC terminates the VCPR, clients will receive written notification along with their pet's records to ensure a smooth transition.

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CANCELLATION POLICY

PHC requires at least 24 hours notice to cancel an appointment in order to avoid a cancellation fee. Any cancellation made with less than 24 hours notice will result in a $25 cancellation fee. An appointment is considered missed if it is not canceled with at least 24 hours notice or if the client arrives 15 minutes or more after the scheduled time. Missed appointments will result in a $25 fee, and the client will also be required to provide a deposit for any future appointments. For new clients, a $25 deposit is required to hold the initial appointment. This deposit will be applied as a credit to the account and used toward the first visit. If the client does not show for the scheduled appointment, the deposit will not be refunded. For certain appointment types, such as surgical procedures, cancellations with less than 48 hours notice or missed appointments will incur a $75 fee. If a second surgical appointment is missed, the client will be charged a $100 fee and contacted to reschedule. If a third missed surgical appointment occurs, the client will be charged another $100 fee and may be discharged from the practice. To cancel or reschedule an appointment, please call 909-865-2433. If you do not reach a receptionist, you may leave a detailed message on our voicemail with your name and phone number, and we will return your call promptly.

Owner/Agent Signature: _____ **Date:** _____

STATEMENT OF OWNERSHIP AND CONSENT

I, the undersigned, do hereby certify that I am over the age of 18 and am the owner (or authorized agent) of the above-described pet and have the authorization to consent to treatment if and when it is needed. I authorize WesternU Pet Health Center (PHC) (and its affiliates, employees, veterinary students, agents and contractors) to receive, examine, prescribe for and treat the above-described pet and to render any treatment that is deemed necessary for my pet's health while in custody of the PHC. I further understand that no guarantee of successful treatment is made and I will not hold PHC (or its affiliates, employees, veterinary students, agents or contractors) responsible for my pet's recovery. I understand that in the event of any unusual or emergency circumstances, the PHC will make every attempt to contact me or my designated representative before, if time permits, proceeding with treatment. 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 will be responsible for all charges incurred. I understand that I will be financially responsible for all fees for services included in treatment plans provided to me in person, over the telephone or via email. I will also be responsible for any additional fees for life-saving emergency procedures & treatments. I understand that professional fees are to be paid at the time services are rendered and pre-payment is required for all pets admitted to the PHC.

Owner/Agent Signature: _____ **Date:** _____

SURGERY DEPOSIT

To secure a surgical appointment, a 25% deposit of the total procedure cost is required at the time of booking. This deposit ensures the allocation of time, resources, and personnel specific to the scheduled surgery and will be applied toward the total cost of the procedure. The 25% deposit is refundable if the appointment is cancelled with more than 24 hours notice. Cancellations made less than 24 hours before the scheduled procedure may result in forfeiture of the deposit. An additional 50% of the total procedure cost is due on the day of surgery at drop-off, with the remaining 25% payable after the surgery.

Owner/Agent Signature: _____ **Date:** _____