

WELCOME TO BURR RIDGE VETERINARY CLINIC !!

Thank you for giving us the opportunity to care for your pet. **PLEASE PRINT IN ALL SPACES.**

OWNER'S NAME _____ SPOUSE/OTHER _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

CHILDREN & VISITOR NAMES _____

HOME PHONE _____ HOME FAX _____ COUNTY _____

EMPLOYER _____ WORK PHONE _____

SPOUSE/OTHER EMPLOYER _____ WORK PHONE _____

CELL PHONE _____ E-MAIL _____

ALTERNATE EMERGENCY CONTACT _____ PHONE _____

HOW WOULD YOU PREFER TO RECEIVE REMINDERS ABOUT YOUR PET?

- REGULAR MAIL AT ADDRESS ABOVE**
- EMAIL** _____
- TEXT – CELL NUMBER** _____

I understand that ***ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.*** *In cases of extensive medical or surgical procedures, when full payment may be difficult at discharge, we take Master Card, Visa, Discover American Express, or Care Credit.* There will be a \$25.00 service charge for any check returned unpaid.

To prevent the spread of infectious diseases, all hospitalized patients must be current on all vaccines . The signature below authorizes this level of preventive care and the appropriate charges will be assessed in the discharge invoice

On occasion we may take a photo of your pet for educational or social media use, please check here if you do NOT want your pets photos used.

Where did you hear about us / Who referred you ? _____

Signature of Responsible Agent for Pet(s) _____ Date _____

Cat	Dog	Other	Pet's Name	DOB	Sex	Breed / Color