

# 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 \_\_\_\_\_

CELL PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

EMPLOYER \_\_\_\_\_ WORK PHONE \_\_\_\_\_

SPOUSE/OTHER EMPLOYER \_\_\_\_\_ WORK PHONE \_\_\_\_\_

WHAT IS YOUR PREFERRED PHONE NUMBER FOR US TO CALL YOU? (SELECT ONE):

- Telephone (Home)  Telephone (Work)  Telephone (Cell)

HOW WOULD YOU PREFER TO RECEIVE REMINDERS ABOUT YOUR PET? (SELECT ONE):

- Telephone (Home)  Text (Cell)  
 Telephone (Work)  Email  
 Telephone (Cell)  Other \_\_\_\_\_

HOW DID YOU HEAR ABOUT US? (SELECT ONE):

- Facebook  BRVC Client: \_\_\_\_\_  
 Website (Name – so we may send a thank you)  
 Google Search  Trainer: \_\_\_\_\_  
 Other Web Browsers (Name – so we may send a thank you)  
 Angie's List  Another Clinic: \_\_\_\_\_  
 LinkedIn (Name – so we may send a thank you)  
 Event (Open House, Community Event)

PLEASE PROVIDE AN EMERGENCY CONTACT NUMBER WHICH WILL ONLY BE USED IF WE ARE UNABLE TO REACH YOU WHILE YOUR PET IS IN OUR CARE:

Name of Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

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 photos of your pet(s) used.

Signature of Responsible Agent for Pet(s) \_\_\_\_\_ Date \_\_\_\_\_

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