

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 (Cell) Telephone (Home) Telephone (Work)

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

- | | | |
|--|--|-------------------------------------|
| <input type="checkbox"/> Facebook | <input type="checkbox"/> BRVC Client: | _____ |
| <input type="checkbox"/> Website | | (Name – so we may send a thank you) |
| <input type="checkbox"/> Google Search | <input type="checkbox"/> Trainer: | _____ |
| <input type="checkbox"/> Other Web Browsers | | (Name – so we may send a thank you) |
| <input type="checkbox"/> Angie's List | <input type="checkbox"/> Another Clinic: | _____ |
| <input type="checkbox"/> LinkedIn | | (Name – so we may send a thank you) |
| <input type="checkbox"/> 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.

Please note your contact information will be only shared with our vendors to notify you about appointments and service reminders, and to communicate important information about BRVC and/or your pet(s).

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