



Burke Veterinary Clinic

Client Information Sheet

We are happy to welcome you to our practice!

Owner

Co-Owner

Last First
Check: Mr. Mrs. Ms. Dr. Other:_____

Last First
Check: Mr. Mrs. Ms. Dr. Other:_____

Home Phone _____

Work Phone _____

Cell Phone _____

E-mail Address _____

Would you like your confirmations by text message/email? Yes _____ No _____

Address: _____

Street Number and Name

City

State

Zip Code

How did you learn of our hospital? Website _____ Location/Sign _____ Yelp/Google Reviews _____

_____ Referred By Friend; Their name so we can thank them: _____

_____ Other: _____

Pet's Name _____

Species _____ Breed _____ Birth date _____

Male _____ Female _____ Spayed/Neutered _____ Color _____

Vaccine Dates

Distemper _____ Rabies _____ 1yr _____ 3y _____

Bordetella _____ Other _____

Heartworm Test _____ Microchip # _____

Pet's Name _____

Species _____ Breed _____ Birth date _____

Male _____ Female _____ Spayed/Neutered _____ Color _____

Vaccine Dates

Distemper _____ Rabies _____ 1yr _____ 3y _____

Bordetella _____ Other _____

Heartworm Test _____ Microchip # _____

DO NOT WRITE BELOW – CLINIC STAFF ONLY.

- WC
- NCM
- FILE

- PIC
- HX
- 10

FILE#:

- RH