



**Burke Veterinary Clinic**  
**Client Information Sheet**

File # \_\_\_\_\_

We are happy to welcome you to our practice

**Owner**

**Co-Owner**

Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_  
 Circle one: Mr. Mrs. Ms. Dr. Other: \_\_\_\_\_

Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_  
 Circle one: Mr. Mrs. Ms. Dr. Other: \_\_\_\_\_

( ) \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_  
 ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_  
 ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

If you would like to pay with checks, we require a DL# \_\_\_\_\_

E-mail Address \_\_\_\_\_

Would you like your reminders emailed? Yes \_\_\_\_\_ No \_\_\_\_\_

Address: \_\_\_\_\_  
 Street Number and Name

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

How did you learn of our hospital? \_\_\_\_\_ Web Site \_\_\_\_\_ Yellow Pages \_\_\_\_\_ Location/Sign

\_\_\_\_\_ 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 #** \_\_\_\_\_

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