



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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