



# Burke Veterinary Clinic

## Client Information Sheet

We are happy to welcome you to our practice!

Owner

Co-Owner

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

\_\_\_\_\_  
Last First  
Circle one: 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 # \_\_\_\_\_

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**DO NOT WRITE BELOW – CLINIC STAFF ONLY.**

- WC
- NCM
- FILE

- PIC
- HX
- 10

FILE#:

- RH