

WELCOME TO BURR RIDGE VETERINARY CLINIC!!

Thank you for giving us the opportunity to care for your pet. **PLEASE PRINT IN ALL SPACES.**

OWNER _____ CELL PHONE _____ WORK PHONE _____ HOME PHONE _____ E-MAIL _____	SPOUSE/OTHER _____ CELL PHONE _____ WORK PHONE _____
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ADDRESS _____ CITY _____
 STATE _____ ZIP _____ CHILDREN/VISITOR NAMES _____
 COUNTY (SELECT ONE) DUPAGE COOK WILL OTHER _____

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"/> Hinsdale Humane Soc. | <input type="checkbox"/> BRVC Client: | |
| <input type="checkbox"/> Google Search | | (Name – so we may send a thank you) |
| <input type="checkbox"/> NextDoor | <input type="checkbox"/> Trainer: | |
| <input type="checkbox"/> Neighbors Magazine | | (Name – so we may send a thank you) |
| <input type="checkbox"/> Event (Open House, Etc.) | <input type="checkbox"/> Another Clinic: | |
| | | (Name – so we may send a thank you) |

EMERGENCY CONTACT INFO 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 MasterCard, 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 only be 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