



Welcome Sheet

Client Information

PLEASE BE ADVISED THAT THE PRIMARY NAMES ON THIS WELCOME FORM ARE THE ONLY PERSONS THAT WE WILL DISCUSS OR RELEASE MEDICAL INFORMATION TO. THE PRIMARY CONTACT WILL BE THE SOLE DECISION MAKER FOR THIS PET.

PRIMARY CONTACT:

Name: _____

Address: _____

Cell Phone (____) _____ Email _____

Home Phone (____) _____

Work Phone (____) _____

Employer: _____

PRIMARY CONTACT 2 (If you would like to add a second primary decision maker to the account):

Name: _____

Address: _____

Cell Phone (____) _____ Email _____

Home Phone (____) _____

Work Phone (____) _____

Employer: _____

SECONDARY CONTACT (This contact WILL NOT be authorized to make decisions for this pet's wellbeing):

Name: _____ Phone: (____) _____

Relationship: _____

How Did you hear about us: Google ___ Facebook ___ Friend Referral (Who?) ___ Other ___

Pet Information

Pet's Name _____ Dog/Cat _____ Male/Female _____
Age _____ Birthday _____ Breed _____
Color _____ Neutered/Spayed Yes or No _____ What age _____
Pet obtained at what age _____ Pet's Diet _____
List medications including preventatives _____

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Authorization

I hereby authorize Burke Forest Veterinary Clinic to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of the animal. I understand that ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

Signature _____ Date _____