



Burke Forest Veterinary Clinic Welcome Information

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. Primary contacts will be the sole decision makers for the pets listed on this document.

A **SECONDARY** contact **WILL NOT** be authorized to make decisions for this pet's wellbeing.

Primary Contact #1:

NAME: _____ EMPLOYER: _____
PRIMARY PHONE: _____ ☐ Cell ☐ home ☐ work
ALTERNATE PHONE: _____ ☐ Cell ☐ home ☐ work
EMAIL ADDRESS: _____ ☐ Cell ☐ home ☐ work
ADDRESS: _____

Primary Contact #2:

NAME: _____ EMPLOYER: _____
PRIMARY PHONE: _____ ☐ Cell ☐ home ☐ work
ALTERNATE PHONE: _____ ☐ Cell ☐ home ☐ work
EMAIL ADDRESS: _____
ADDRESS: _____

Secondary Contact ***not authorized for decisions

NAME: _____ RELATIONSHIP: _____
PRIMARY PHONE: _____ ☐ Cell ☐ home ☐ work
ALTERNATE PHONE: _____ ☐ Cell ☐ home ☐ work

How did you hear about us:

☐ Google ☐ Social Media
☐ Friend Referral ☐ Other: _____



Burke Forest Veterinary Clinic

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Authorization

I hereby authorize Burke Forest Veterinary Clinic to examine, prescribe for, or treat the described pet, or pets on this document. I assume responsibility for all charges incurred for the care of the animal. I understand that **all professional fees are due at the time services are rendered.**

Signature	Date

Overnight Care Release Form

Required by Virginia State Law

Please be advised that Burke Forest Veterinary Clinic does not provide continuous medical care for your animal after hours of operation. Please note our hours listed below.

Monday 7:30am-6:00pm Tuesday 7:30am-6:00pm
Wednesday 7:30am-6:00pm Thursday 7:30am-6:00pm
Friday 7:30am-6:00pm Certain Saturday 8:00am-12:00pm
Sunday CLOSED

We do have Veterinary Assistants come to feed and give medications in the mornings and evenings after hours; however, there is no overnight care.

Signature	Date

Information release for sharing records to rescues

Some rescues and adoption facilities request permission to inquire about potential adopters medical records. We do not share any information without explicit permission from owners. Please inform us of any rescues or adoption entities which have permission to inquire into your pets' medical records, if any.



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Pet Information

Who did you previously visit for vet care and where were they located?

Please list any vets with relevant history:

Pet's name: _____ Sex: _____
☐ canine or ☐ feline ☐ neutered or spayed

Breed: _____ Color/distinct markings: _____

Age: _____ Birthday: _____

Obtained pet at what age, or on what date: _____

Diet: _____

of daily feedings: _____ quantity per feeding: _____

Daily Medications & Supplements: (name, strength, how many given, how frequently)

Prevention: _____

☐ Check this box if you use prevention **every month for the whole year**

Pet Information

Pet's name: _____ Sex: _____
☐ canine or ☐ feline ☐ neutered or spayed

Breed: _____ Color/distinct markings: _____

Age: _____ Birthday: _____

Obtained pet at what age, or on what date: _____

Diet: _____

of daily feedings: _____ quantity per feeding: _____

Daily Medications & Supplements: (name, strength, how many given, how frequently)

Prevention: _____

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