

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: PRIMARY PHONE: ALTERNATE PHONE: EMAIL ADDRESS: ADDRESS: | □ Cell | ☐ home ☐ home ☐ home | ☐ work ☐ work ☐ work | - |
|--|--------|------------------------------|----------------------|---|
| Primary Contact #2: NAME: PRIMARY PHONE: ALTERNATE PHONE: EMAIL ADDRESS: ADDRESS: | | □ home | □ work □ work | - |
| Secondary Contact ***not authorized for de NAME: PRIMARY PHONE: ALTERNATE PHONE: | | IONSHIP: □ home □ home | □ work | |
| How did you hear about us: ☐ Google ☐ Social Media ☐ Friend Referral ☐ Other: | | | | |



Authorization

I hearby 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.



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: | _ | Colo | or/distinct marking | s: | |
| Age: | | Birthday | : | | |
| Obtaine | d pet at what a | ige, or on v | what date: | | |
| Diet: | · | | | | |
| # of dail | ly feedings: | | quantity per fe | eding: | |
| Daily Medicat | tions & Supp | lements: | (name, strength, how ma | any given, h | ow frequently) |
| • | | | | | |
| | | | | | |
| | | | | | |
| Prevention: | | | | | |
| i icvention | □ Check t | his hoy if v | /OU USE prevention a t | verv mon | th for the whole year |
| | | ins box ii y | you use prevention e | very interi | th for the whole year |
| | | Pet Ir | nformation | | |
| Pet's name | | | | | |
| Pet's name:_ | | or | Cox | | ☐ neutered or spayed |
| Breed. | | Colo | or/distinct marking | s· | nouterou er epayeu |
| Aue | | Gold | | o | |
| Obtaine | d pet at what a | ide or on v | what date [.] | | |
| | | | | | |
| # of dail | v feedinas: | | quantity per fe | edina: | |
| Daily Medicat | tions & Supp | lements: | (name, strength, how ma | nv diven h | ow frequently) |
| Daily Modical | aono a capp | ioirioirio. | (name, or ongri, new me | ary givon, n | ow moquomay) |
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| Dunana C | | | | | |
| Prevention: _ | | | | | |
| | ∐ Check t | his box if y | /ou use prevention e v | very mon | th for the whole year |



Pet Information

| Pet's n | ame: | | Sex: | |
|---------|------------------------|--------------|----------------------------------|------------------------------|
| | ame: ☐ canine | or | feline | ☐ neutered or spayed |
| Breed: | | Co | lor/distinct markings | : |
| Age: | | Birthda | y: | : |
| | Obtained pet at what a | ige, or or | what date: | |
| Diet: | | | | eding: |
| # | # of daily feedings: | | quantity per fee | eding: |
| Daily M | ledications & Supp | lements | 6: (name, strength, how man | y given, how frequently) |
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| Drovon | tion: | | | |
| Preven | ition: | hie hov it | f volumes prevention ov | ery month for the whole year |
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| | | Pet | Information | |
| Pet's n | ame: | | Sex: | |
| | canine | or | Sex: ☐ feline | ☐ neutered or spayed |
| Breed: | | Co | lor/distinct markings | : |
| Age: | | Birthda | y: | |
| | Obtained pet at what a | ige, or or | y: n what date: | |
| Diot: | | | | |
| # | # of daily feedings: | | quantity per fee | eding: |
| Daily M | ledications & Supp | lements | S: (name, strength, how man | y given, how frequently) |
| | | | | |
| | | | | |
| Preven | | | | |
| | ☐ Check t | his box it | f you use prevention ev e | ery month for the whole year |