

Burch Creek Animal Hospital

Thank you for giving us the opportunity to care for your pet(s).
To help our doctors and our staff better serve you, please complete the following:

Date: _____

First Name: _____ Last Name: _____

Primary Cell #: _____ Secondary #: _____

Address: _____

City: _____ State: _____ Zip: _____

Employer: _____ Driver's License #: _____

E-Mail Address: _____
(used for your pet portal and reminders)

Spouse/Partner First Name: _____ Last Name: _____

Spouse/Partner Cell #: _____

Emergency Contact: _____ Emergency Phone #: _____

***ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.**

For your convenience we accept Cash,
Visa, MasterCard, Discover, American Express, and CareCredit.

How did you hear about our clinic? _____

If recommended, who may we thank? _____

PATIENT INFORMATION	Your First Pet	Your Second Pet	Your Third Pet
NAME			
BREED			
Date of Birth or Age			
Male or Female			
Neutered or Spayed	Yes No	Yes No	Yes No
Color(s)			

Any previous serious illnesses or surgeries? _____

Any allergies to vaccinations or medications: _____

Print Name: _____

Signature: _____

Receptionist initials: _____