



REGISTRATION FORM

CLIENT INFORMATION

Primary Veterinarian: _____ Primary Animal Hospital: _____

Pet Owner: _____ Co-Owner: _____

Mailing Address: _____
P.O. Box / Street City/Town State Zip Code

Pet Owner Primary Phone: _____ Email: _____

Co-Owner Primary Phone: _____ Email: _____

PLEASE CIRCLE:

Are you 18 years of age or older: YES NO

How did you hear about us: VETERINARIAN FRIEND WEB EVENT OTHER: _____

I give Burlington Emergency & Veterinary Specialists permission to take photographs of my pet for the purpose of posting on Burlington Emergency & Veterinary Specialists' Facebook, YouTube and clinic website: YES NO

PET INFORMATION

Reason for Visit: _____

Name: _____ Dog Cat Other: _____

Breed: _____ Color: _____ Male / Female / Unknown Spayed / Neutered: Y / N

Date of Birth / Age: _____ Current Medications: _____

I assume responsibility for the above described pet and hereby authorize the veterinarian to examine, prescribe for, and provide treatment as deemed necessary for the health, safety, or well-being. I assume responsibility for all charges incurred in the care of this animal regardless of outcome. I also understand that these charges will be paid at the time of release and that a deposit may be required prior to treatment. I will be responsible for any fees incurred by BEVS in the process of collecting my balance.

Signature of Owner or Co-Owner

Date

A 50% DEPOSIT MAY BE REQUIRED PRIOR TO TREATMENT WITH BALANCE DUE AT DISCHARGE