

**BATTENKILL VETERINARY, PC**  
**Dr. Gretchen Allen, Dr. Margaret Horn, Dr. Scott Lutgens, Dr. Jessica Taylor**

NEW PET INFORMATION

Pet's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex  Female  Spayed  
 Male  Neutered

Species \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_

Where did you obtain this pet? \_\_\_\_\_ At what age? \_\_\_\_\_

For what purpose was this pet obtained? **Please circle one or more**

**Companionship      Protection      Breeding      Show      Hunting**

Is this pet microchipped?  Yes  No Type of chip \_\_\_\_\_ ID # \_\_\_\_\_

What brand of food are you feeding? \_\_\_\_\_ How much/often? \_\_\_\_\_

**VACCINATION HISTORY**- If you brought paperwork with you please hand to receptionist  
If you do not have any paperwork please indicate who we may contact:

Place where services were performed \_\_\_\_\_

Please list all medications your pet is currently on, including heartworm preventative, flea/tick product or collars, and over the counter or human medications and supplements:

\_\_\_\_\_

Our fax number is (518) 692-2918 and email is [battenkillveterinary@yahoo.com](mailto:battenkillveterinary@yahoo.com)

\*\* To prevent the spread of infectious disease, all animals admitted to our hospital must be current on vaccinations (Rabies and Distemper) and free from internal and external parasites. If your pet has fleas at the time of admission to the hospital, they will be treated and it will be added to your total bill.

Do we have permission to share your pet's image and story on our Facebook page, our website, or other social media sites? We love to share the cuteness that we see everyday!  
We will never share your name or personal information.

\_\_\_\_\_ **Yes, I authorize Battenkill Veterinary to share my pet's photo and story.**

\_\_\_\_\_ No, I do not authorize use of my pet's photo or story.

We will gladly prepare a printed estimate of service fees, so please ask our staff before or during your appointment. All professional fees are due at the time of service. In cases of extensive medical or surgical procedures where full payment may be difficult at discharge, we accept major credit cards, Care Credit, or can establish a payment arrangement if approved in advance of treatment. There will be a charge for all returned checks. Payment arrangements will not be made for routine vaccine appointments, routine surgeries, such as a spay or neuter, or for services that are outsourced to other companies, such as cremations.

Client signature (responsible for pet) \_\_\_\_\_ Date \_\_\_\_\_