

Welcome to Battenkill Veterinary PC

Dr. Gretchen Allen, Dr. Margaret Horn, Dr. Scott Lutgens, Dr. Taylor

Client Information

Pet Owner Name _____ Co-owner/Spouse _____

Address _____

City/State/Zip _____ Driver License Number _____

Home Phone _____ Cell Phone _____ Other phone _____

Email address _____

Do you prefer to receive reminders via email or postal mail? _____

How did you hear about us? _____

If you were referred by a specific person, please give us their name so that we can thank them!

Employer _____ Occupation _____

Employer Address _____

If necessary, can we call you at work? _____ Work Phone _____

Pet Information

Name _____ Date of Birth _____

Please Circle: Male or Female Have they been spayed or neutered? _____

Species (cat/dog/other) _____ Breed _____ Color _____

Where did you obtain this pet? _____ How old were they? _____

Why did you decide to get this pet? Please circle one or more:

Companionship Protection Breeding Showing Hunting

Is your pet microchipped? Yes or No Microchip number _____

What brand and type of food are you feeding? _____

How much food and how often? _____

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:

Do you have any vaccination history for this pet? Please bring any paperwork with you to your appointment for vaccines that were not given in our office. If possible, please contact your previous veterinarian and have them fax or email records to our office prior to your appointment.

Our fax number is (518) 692-2918 and email is 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.

Payment

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 _____