



Brunswick Veterinary Hospital
1632 NY-7
Troy, NY 12180
(518) 279-0700
www.brunswickveterinaryhospital.com

Dear Client:

Thank you for choosing us to care for your pet!

In preparation for your upcoming appointment, please complete the enclosed forms and either email this form to us at brunswickveterinaryhospital@gmail.com, fax to 518-244-3290, or please come 10 minutes early to your appointment and bring this form with you on your first visit.

Completing and returning the forms in advance will allow us to ensure our documentation is accurate before the visit so that we can have more time to focus on your areas of concern.

Please also have any records from previous veterinarians faxed or emailed to us in advance so that we may have time to review them prior to your appointment.

We look forward to seeing you!

The Doctors and staff at the Brunswick Veterinary Hospital



New Client/Owner Information (Please Print)

Owner's First Name: _____ Last Name: _____
 Address: _____ Apt/Suite: _____
 City: _____ State: _____ Zip Code: _____
 Driver's License #: _____
 *Email Address: _____ @ _____
 *Please note email address is optional. BVH does occasionally send out seasonal promotions and your pet(s) reminder(s).
 Primary Contact #: () _____ Home / Cell / Business (circle one)
 Secondary Contact #: () _____ Home / Cell / Business (circle one)
 Other Responsible Party: _____ Contact # () _____
 Relationship: _____
 How did you hear about us? (circle one)
 Drove by _____ TV ad _____
 Website _____ Friend/Family (Whom should we thank?): _____
 Facebook _____ Other: _____

Pet Information - Please use the back of this page for additional information.

Pet #1:

Name: _____ Breed: _____
 Pet's Gender (please circle): Male Neutered? Yes / No **OR** Female Spayed? Yes / No
 Color and Markings: _____ Date of Birth or Age: _____

Pet #2:

Name: _____ Breed: _____
 Pet's Gender (please circle): Male Neutered? Yes / No **OR** Female Spayed? Yes / No
 Color and Markings: _____ Date of Birth or Age: _____

Pet #3:

Name: _____ Breed: _____
 Pet's Gender (please circle): Male Neutered? Yes / No **OR** Female Spayed? Yes / No
 Color and Markings: _____ Date of Birth or Age: _____

I, the undersigned, agree to pay for all services at the time they are rendered.*

Signed: _____ Date: _____

*We accept cash, check, Visa, Mastercard, and Care Credit. A \$35.00 return fee will apply for returned/bounced checks. A \$35 late fee will also be applied for any accounts more than 30 days past due. A deposit prior to treatment may be required depending upon the amount of the estimate.

Brunswick Veterinary Hospital loves making pets Facebook famous! Please give us your permission to share your pet(s) image and/or story on social media, our website, and other marketing materials with your signature below. Your personal information will NEVER be shared.

Signed: _____ Date: _____