



**Brookeside**  
VETERINARY HOSPITAL  
A BVS PRACTICE

# Client Information Sheet

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Primary Email: \_\_\_\_\_ Co-Owner: \_\_\_\_\_

How did you hear about BVH? Facebook Instagram Email Mail Online Ad Referral\*: \_\_\_\_\_

\*Be sure to tell us who sent you! They get a \$40 one time credit, you can get one too if you send us a new first time client and they give us your name!

Known human family allergies (e.g. Peanuts): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Please leave the following government required information for dispensing certain prescriptions:

D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_ Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_

## BVH Policies

Please initial each policy below and sign

\_\_\_\_\_ **Payment Information:** Payment is required at time of service. Payments accepted are cash, Discover, Visa, MasterCard, and American Express. Any arrangements need to be made prior to services rendered and are susceptible to additional fees.

\_\_\_\_\_ **Food ordering:** Please order all food by 9 A.M. on Wednesday to receive by Friday. We do usually get our food shipments in on Fridays; however, we do not guarantee this as food can be back ordered by the manufacture and/or they do not guarantee shipping times.

\_\_\_\_\_ **Prescriptions:** All prescriptions either filled at Brookside Veterinary Hospital or called into a local pharmacy have a 24-48 hour processing time. Online pharmacy prescription requests have a 7-10 business day processing time. Please be sure to request with adequate time.

\_\_\_\_\_ **Cancellations:** Please cancel appointments by speaking with BVH staff with at least 24-hours notice. Any Dr. appointments canceled with less than 24-hours notice are subject to a \$25 service fee. Surgical appointments are subject to a \$50 service fee, and will be charged a \$150 deposit upon rescheduling.

\_\_\_\_\_ **Concerns:** In order to help improve services at BVH, I agree that all concerns regarding the clinic will be discussed with the appropriate BVH personnel and BVH will be given the opportunity to address and or rectify the concerns before I post negative reviews.

\_\_\_\_\_ **Communications:** Brookside Veterinary Hospital communicates important pet information, product recalls, wellness reminders, and urgent clinic updates (closures, electricity outages, and special events) via email. I agree to provide an email address and understand that I am responsible to read emails sent to me from BVH in order to stay informed about my pets medical needs and clinic information. If you cannot communicate via email, please let us know and we will arrange for other forms of communication.

\_\_\_\_\_ **Conduct:** I agree to treat all employees and representatives of Brookside Veterinary Hospital with respect and dignity. I understand that using inappropriate tones, offensive language, or threats is grounds for immediate termination of our hospital-client-patient relationship.

The undersigned agrees that they have read the above policies and that they are over 18 years of age.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Pet Information Sheet

Client Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Pet Name: \_\_\_\_\_ Cat Dog Other: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Male Female

DOB: \_\_\_\_\_ Is your pet spayed or neutered? YES NO

Diet (include amounts and frequency): \_\_\_\_\_

Does your pet have food allergies or sensitivities? NO YES: \_\_\_\_\_

Previous Vet: \_\_\_\_\_

City, State: \_\_\_\_\_ Phone: \_\_\_\_\_

May we take photos of you and/or your pet and share them on our social media pages and website? If yes please fill out the image release form. YES NO

## BVH Policies

Please initial each policy below and sign

\_\_\_\_\_ I Acknowledge that I am the owner/appointed caregiver of this pet registered in my name at Brookside Veterinary Hospital.

\_\_\_\_\_ I certify that I am over 18 years of age, and here by consent to the examination of this pet by staff veterinarians.

\_\_\_\_\_ I understand that any procedure proposes a risk, regardless of health status. In the event of unforeseen complications.

\_\_\_\_\_ I give permission for the doctors and staff to take reasonable measures in treating my pet and accept all charges that are incurred as a result of such action. I also agree that after consultation with me, the hospital's doctors may prescribe medication for, treat, hospitalize, sedate, anesthetize, and/or perform surgery on this pet.

\_\_\_\_\_ I accept that veterinary medicine is an inexact science and that no guarantee of successful treatment has been made.

\_\_\_\_\_ I understand that an estimate of the costs for veterinary services is available upon request. I am encouraged to discuss all fees attendant to such care before services are rendered and during this pet's ongoing medical treatment.

\_\_\_\_\_ In the event a pet is hospitalized for more than 12 hours and the attending doctor is unable to reach me. I understand it is my responsibility to call the hospital at least every 12 hours to inquire as to the medical status of my pet and the fees incurred for medical services up to that day.

The undersigned agrees that they have read the above policies and that they are over 18 years of age.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Image Release Consent

Client Name: \_\_\_\_\_

Pet Name: \_\_\_\_\_ Cat Dog Other: \_\_\_\_\_

Pet Name: \_\_\_\_\_ Cat Dog Other: \_\_\_\_\_

Pet Name: \_\_\_\_\_ Cat Dog Other: \_\_\_\_\_

At Brookeside Veterinary Hospital, we love showcasing our customers and the great experiences they and their pets have at our establishment. We would like to ask for your permission to take photos and videos of you and your pet(s) while you are here and potentially use those images on our social media accounts, website, and other promotional materials.

Select yes or no if you are grant us permission to:

**YES NO**

- Take photographs or videos of **your pet(s)** while you are here at BHV.
- Take photographs or videos of **you** while you are here at BVH.
- Use these images in social media posts, websites, advertising materials, and other promotional content related to our business.

By signing below you grant us permission to use the photos/videos without any compensation, and acknowledge that you will not be paid for their use.

You are not required to sign this release, and choosing not to will not affect your experience at our business.

If you agree to the use of your image as described above, please sign below:

I hereby grant permission to Brookeside Veterinary Hospital to use my image and the image of my pet(s) for the purposes outlined above:

The undersigned agrees that they have read the above policies and that they are over 18 years of age.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_