

BERLIN  
**Animal** HOSPITAL  
 240 CENTRAL STREET  
 BERLIN, MA 01503  
 (978)415-0400

Website: [www.berlinah.com](http://www.berlinah.com) | Email: [info@berlinah.com](mailto:info@berlinah.com)

Name:					
Address:					
City:		State:		Zip Code:	
Home Phone:		Cell Phone:			
Employer:		Work Phone:			
Email Address:					
*Berlin Animal Hospital is trying to keep our environmental foot print small by going digital and sending records and exams via email**					
SS#:		Driver's License #:			
(This information is for accurate logging of controlled medication and billing purposes if you plan to pay by any method other than cash)					

**List anyone here that you would like us to share medical information with.**

If not listed here, we are unable to share anything pertaining to your pet. You will need to notify us in writing if you would like to add/remove anyone from the list below.

Name:		Relationship	
Home Phone:		Cell Phone:	
Name:		Relationship	
Home Phone:		Cell Phone:	
Name:		Relationship	
Home Phone:		Cell Phone:	

**Medical Emergency Contact:** (If different from above)

We will contact this person **ONLY** in case of an emergency if YOU are unavailable or unreachable

\*\*Please note, this person cannot make any decisions for your animal on your behalf unless, there is a medical power of attorney on file\*\*

<b>Emergency Contact:</b>			
<b>1<sup>st</sup> Phone Number:</b>		<b>2<sup>nd</sup> Phone Number:</b>	

**Activate your Free Pet Portal Today:** Manage your pet's health online with everything from;

Vaccine Records, Appointments, Digital X-Rays, Medication Requests and more at [www.berlinah.com](http://www.berlinah.com)

In order to have online access to your pet's health, we need your email address. We will send you an e-mail with your log in information within 48 hours.

<b>Email Address:</b>	
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Website: [www.berlinah.com](http://www.berlinah.com) | Email: [info@berlinah.com](mailto:info@berlinah.com)

Pet Information				
Name:				
<b>Do you give Berlin Animal Hospital permission to take and share photos of your pet on social media? Yes / No</b>				
Breed:		Color(s):		
Age/DOB:		Microchip?		
Sex:		Spayed/ Neutered? (Y/N)	What age?	
Diet:		Amount:	Meals/Day:	
Where did you obtain pet?		What Age?		
Has your pet been to a vet before?		If yes, please list clinic names/cities:		
Allergies?				
Prior Illness:				
Prior Surgery:				
Does Pet Board?		If Yes, Where?		
Does Pet Go Grooming?		If Yes, Where?		
Does Pet go to dog parks?		Dog shows?		
Does your pet go outside unsupervised?		If Yes, Where?		



Thank you for choosing Berlin Animal Hospital! It is our mission to provide the best, and most comprehensive veterinary care for your pet. An important part of this mission is offering optimal care with easy and manageable payment options for our clients. Berlin Animal Hospital requires payment in full at the end of your pet’s appointment or at time of discharge.

**Payment Options:**

You can choose from the following options:

- Cash
- Check
- Visa, Mastercard, American Express, Discover Card, Debit
- Convenient Monthly Payment Plans from CareCredit®
  - Allows you to begin treatment today and pay over time
  - Available for any treatment amount
  - Can be used for anyone in your family anywhere that CareCredit® is accepted

**Deposit and Billing**

For treatment or hospitalized care due to an unexpected emergency, a deposit will be required. Healthcare plans requiring comprehensive care of \$500.00 or more, will require a 50% deposit to begin your pet’s treatment. We do not offer extended billing terms, so please coordinate your payment method before treatment begins.

**Additional Policy Information:**

1. Berlin Animal Hospital charges \$25.00 for returned checks.
2. A fee of \$55.00 will be applied to your account if a surgical appointment is missed without 48 hours’ notice of cancellation.

**Pet Insurance**

For clients with pet insurance, we are happy to provide you with the necessary documentation to submit a claim to your insurance carrier. (Please allow 24 hours for record requests and signed forms.)

**Billing and Balances:**

If for any reason there is an outstanding balance on the account, there will be a charge of \$10.00 per month billed to the account on the 1<sup>st</sup> of each month. If after 6 months the outstanding balance remains unpaid, a fee of \$25.00 will be assessed to the account and it will be turned over to a 3<sup>rd</sup> party for collections. (The collections process will be accelerated to 1 month if attempts to contact you are unsuccessful)

If you have any questions, please ask before signing this form. We are here to provide the best veterinary care available for your pet!

***By signing below, you agree to the foregoing terms of payment.***

<b><i>Client/Owner Signature</i></b>	<b><i>Date:</i></b>
<b>Client/Owner Printed Name</b>	<b>Pet Name</b>