



5733 Ogeechee Road Savannah, GA 31405  
 912-232-4249 912-232-4259 fax

Date \_\_\_\_\_

**CLIENT INFORMATION**

Owner's name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Place of employment \_\_\_\_\_

**By giving us your email address, you will be able to receive vaccine/test reminders and have access to request appointments, prescription refills, boarding reservations, and more online.** Email Address: \_\_\_\_\_

Do you qualify for a discount? Military \_\_\_\_\_ Senior Citizen \_\_\_\_\_

How did you become aware of our clinic?

Drove by \_\_\_\_\_ Yellow Pages \_\_\_\_\_ Previous client \_\_\_\_\_ Personal referral (Whom may we thank?) \_\_\_\_\_

Co-Owner \_\_\_\_\_ Relation \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

In case of your absence, is there anyone other than the above mentioned who may authorize treatment of your pet?

Name \_\_\_\_\_ Number \_\_\_\_\_

**PATIENT INFORMATION**

Name: _____	Name: _____
Breed: _____	Breed: _____
DOB/Age: _____	DOB/Age: _____
Color: _____	Color: _____
Previous Vet/Office: _____	Previous Vet/Office: _____
Allergies: _____	Allergies: _____
Special Diets/Meds: _____	Special Diets/Meds: _____
Sex: M / F      Neutered/Spayed? Y / N	Sex: M / F      Neutered/Spayed? Y / N

*Reverse for additional Pets*

**Treatment Authorization and Information/Photo Release:**

I hereby authorize the staff of Berwick Animal Hospital to render any treatment which is deemed necessary to my pet(s) health while in custody of the hospital. I understand that in the event of any unusual or emergency circumstances, the staff will make every attempt to contact me or my designated representative before, if time permits, proceeding with treatment. I authorize release of any information concerning my pet's health and care to other parties working with or in treatment of our animals.

**Financial Policy:**

Payment is due as services are rendered. For hospitalized cases, a deposit is required in advance. The balance is due upon discharge from the hospital. You may pay by cash, personal check (with proper identification), or accepted credit cards. In order to avoid misunderstandings, please let us know immediately if these terms are not satisfactory.

In the event payment is not made at the time of service, it is our policy to apply a service charge to accounts with a balance over 30 days old. A service fee of \$3.00 and 1.5% of the outstanding balance will be charged to your account monthly if not paid in full. All returned checks will incur a charge of \$25.00.

I understand that I (the owner or agent) am financially responsible to the applicable practice(s) for all charges relating to this patient. I have read and agree to the treatment authorization. I have also read and accept the financial obligations. I also agree to pay for all expenses incurred to collect the debt including, but not limited to; attorney fees, collection agency fees and rebilling fees.

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

***If this is Your First Visit to Our Clinic,  
Please Bring Along to Your Appointment:***

- Your completed **New Client Form** (or e-mail to [berwickvet@gmail.com](mailto:berwickvet@gmail.com) OR fax to 912-232-4359)
  
- Any **recent medical history or vaccine history** you have on your pet. To be prepared as possible for your upcoming appointment, we prefer to have these ahead of time. Feel free to drop them off anytime, or again e-mail a scanned copy to [berwickvet@gmail.com](mailto:berwickvet@gmail.com) OR fax to 912-232-4359.
  - *If you do not have copies of this, please call your previous vet and have records faxed to us at 232-4259. OR, we are happy to call your previous clinic and request the records for you – just alert us ahead of time so we have enough time to retrieve them!*
  
- If your pet is on any **medications**, please bring them to your appointment. This includes heartworm and flea medications if you have kept the boxes or previous receipts.
  
- For annual visits and first puppy or kitten visits, your pet will appreciate it if you bring along a **fresh Stool Sample**. This can be brought in a baggie or Tupperware (*or we can provide you with a fecal container if you would like to stop by a pick one up*) and ideally should be collected within 12 hours of your appointment.
  
- If your visit is in regards to a **possible urinary or digestive issue** (accidents, frequent urination, vomiting, diarrhea, or seeing worms), we very much appreciate bringing a sample. If not, please do your best to bring your pet in with a full bladder so we can easily collect a sample upon arrival.
  
- Please be aware that we are **not able to accept Checks** from first time clients. We do accept Credit and Debit cards (MC, Visa, Discover, Amex, and Care Credit) and Cash. Payment is due when services are rendered.