



CLIENT INFORMATION

Name of Owner: _____

Name of other interested party (spouse, parent): _____

Address: _____

City: _____ State: _____ Zip: _____

Employer: _____

Primary Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

PATIENT INFORMATION

Name: _____ Species: Dog Cat Other Breed: _____

Color: _____ Sex: M F Entire Spay Neut Unkn DOB: _____

Reason for Visit: _____

Veterinary Clinic: _____ Primary Care Veterinarian: _____

I have no Primary Care Veterinarian or Veterinary Clinic: _____ Initials: _____

Method of Payment: Cash Care Credit VISA / MC Discover AMEX

**PAYMENT IS DUE AT THE TIME SERVICE IS RENDERED
NO BILLING OFFERED**

I hereby grant, to the veterinarian(s) in charge of the care of the patient described above, the authority to examine said patient in order to determine a course of treatment that he/she believes to be in the best interest of the patient. By agreeing to this examination, I consent to pay the fee associated with said examination. I also understand that any further treatments, testing, or procedures deemed necessary or advised will be performed only after I have granted permission. My signature indicates that I am personally responsible for and will pay all charges incurred and I understand and will comply with NGVS policy that requires payment in full at the time of service.

I grant to North Georgia Veterinary Specialists (NGVS), its representatives and employees the right to take photographs of me and/or my pet, and to copyright, use and publish the same in print and/or electronically.

I agree that NGVS may use such photographs of me and/or my pet with or without my name and for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, and Web content.

_____ NGVS may **NOT** take photos of me and/or my pet.
initials

Signature

Date

