



## CLIENT INFORMATION

Name of Owner: \_\_\_\_\_

Name of Other Interested Party (spouse, parent, etc.): \_\_\_\_\_

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

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

Employer: \_\_\_\_\_

Call 1<sup>st</sup> Phone #: \_\_\_\_\_ Call 2<sup>nd</sup> Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

## PATIENT INFORMATION

Name: \_\_\_\_\_ Species: ☐ Dog ☐ Cat ☐ Other Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Sex: ☒ F ☒ M Spay/Neuter: ☒ YES ☒ NO ☒ UNK Age/DOB: \_\_\_\_\_

Reason for Visit: \_\_\_\_\_

Primary Veterinary Clinic: \_\_\_\_\_ Primary Care Veterinarian: \_\_\_\_\_

I have no primary care Veterinarian or Veterinarian Clinic: ☐ Initials: \_\_\_\_\_

Method of Payment: ☐ Cash ☐ Care Credit ☐ Visa ☐ Mastercard ☐ Discover ☐ American Express

**Unfortunately, at this time we are no longer accepting checks.**

**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(s).

Initials \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

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