

## **CLIENT INFORMATION**

Name of Owner:										
Name of Other Interested Party (spouse, parent, etc.):										
Address:										
City:		State:				Zip Code:				
Employer:										
Call 1st Phone #:	Call 2nd Phone #:				Work Phone #:					
Email Address:										
PATIENT INFORMAT	ION									
Name:		Species:	Dog	Cat	:	Other	Breed:			
Color:	Sex:	F M	Spay/N	euter:	Yes	No	Unk	Age/DOB:		
Reason for Visit:										
Primary Veterinary Clini	c:			٠						
Primary Care Veterinaria			I have n	o prin	nary cai	re Veter	inarian or <b>\</b>	Veterinarian Clinic:	:	
Method of Payment:	Cash	Care Cre	dit	Visa	М	asterca	rd	Discover	American Expr	ress
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 versaid patient in order to describe By agreeing to this example further treatments, testi permission. My signatur understand and will complete the standard will complete the standard will complete the standard will grant to the standard will complete the standard will complete the standard will complete the standard will complete the standard will be sta	determine ination, I cong, or proceeding, or proceeding indicates apply with N	a course of consent to p cedures dee that I am p	treatment bay the featmed ned personally that requ	nt that he ee associatessary of y responsuires pay	e/she ated w r advis sible fo ment i	believes with said sed will or and w in full a	s to be i I examir be perf will pay i t the tin	n the best in the best in the last or med only all charges ne of services	interest of the patie o understand that a y after I have grante incurred and I e.	ent. any
l agre	e that NGVS	y pet, and to c may use such city, illustration	photograp	hs of my p	et for a	any lawfu	•		cally. r example, such	
NGVS	6 may <b>NOT</b> ta	ke photos of r	my pet(s).							
Signature									Date	

Fax

678-835-3301

Phone

678-835-3300

Address 1328 Buford Highway,

Building 200 Buford, GA 30518