

**CLIENT INFORMATION:**

Client Name: _____

Alternate Client Name: _____

Email: _____

Driver's License & State: _____ Employer: _____

Mailing Address _____

P.O. Box / Street

City / Town

State

Zip Code

Home Phone Number: _____ Cell: _____ Work: _____

Emergency Contact _____ Phone _____

Primary Veterinarian & Animal Hospital: _____*PLEASE CIRCLE:* Are you 18 years of age or older: YES NO

How did you hear about us: VETERINARIAN FRIEND WEB EVENT OTHER: _____

PET INFORMATION:

Reason for Visit: _____

Name: _____ ☐ Dog ☐ Cat ☐ Other: _____

Breed: _____ Color: _____ Circle: Male / Female / Unknown Spayed / Neutered: Y / N / Unknown

Date of Birth / Age: _____ Current Medications: _____

Have any of your pets had any serious illnesses? Surgeries? Allergies? Vaccine Reactions? _____

MARKETING RELEASE:

I grant permission to Northwest Georgia Veterinary Emergency Center (NWGVEC), its employees and authorized representatives to take photographs and/or video of me and/or my pets, to copyright, use and publish the same in print and/or electronically. NWGVEC may also use and publish my pet's story, including relevant medical history. I agree that NWGVEC may use such photographs, videos or stories including me and/or my pet with or without names and for any lawful purpose, including for example, such purposes as social media, publicity, advertising, and other Web content.

Initial _____ **Date** _____

PLEASE READ AND SIGN THE FOLLOWING AUTHORIZATION FOR TREATMENT: I am 18 years of age or older, and I hereby authorize the staff of Northwest Georgia Veterinary Emergency Center to render any treatment which is deemed necessary while in custody of the clinic. 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 proceeding with treatment. I understand that I will be financially responsible for all procedures and costs, including any estimate changes for treatment provided to me in person or over the telephone. Payment is due at the time services are rendered. A \$30.00 returned check fee will be charged for all returned checks. I understand that if at any time there is an unpaid balance on my account, there will be an additional 33.33% collection agency fee and my account will be placed with a collection agency, which will appear on my credit report, and that I will be held responsible for attorney fees and court costs if such be necessary. I give Northwest Georgia Veterinary Emergency Center and/or our agents, to contact you by telephone at any phone number associated with your account, including wireless phone numbers, which may result in charges to you. Methods of contact may include use of auto dialing equipment and/or pre-recorded artificial voice messaging, text messaging or email. The Northwest Georgia Veterinary Emergency Center closes promptly at 8AM. Should your pet have to stay overnight, discharges for patients will be conducted at or before 7:45AM. Owners who do not check their pets out by this time will incur a late fee of \$20 for each 5 minutes rounded up beyond 8am.

Signature of Owner _____ **Date** _____