

# **NORTHWEST GEORGIA VETERINARY EMERGENCY CENTER**

**PAYMENT IS DUE AT TIME OF SERVICE. NO EXCEPTIONS WILL BE MADE.**

## **CLIENT INFORMATION**

**Client Information (Owner):** \_\_\_\_\_ **Driver's License # & State:** \_\_\_\_\_

Secondary Client Name: \_\_\_\_\_

**Client Email:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
P.O. Box/Street \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Best Client Phone Number to Call for Updates and Payments:** \_\_\_\_\_

Secondary Client Phone Number to Call for Updates and Payments: \_\_\_\_\_

**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:** \_\_\_\_\_

**Pet Name:** \_\_\_\_\_ **Dog:** \_\_\_\_\_ **Cat:** \_\_\_\_\_ **Other:** \_\_\_\_\_

**Breed:** \_\_\_\_\_ **Color:** \_\_\_\_\_ **Circle:** Male/Female/Unknown ---- Spayed/Neutered: Y/N/Unknown

**Date of Birth/Age:** \_\_\_\_\_ **Current Medications:** \_\_\_\_\_

**Primary Veterinarian & Animal Hospital:** \_\_\_\_\_  
(please print NONE if you do not have a primary rDVM)

Has your pet had any serious illnesses? Surgeries? Allergies? Vaccine Reactions? \_\_\_\_\_

## **CPR OR DNR (ONLY INITIAL ONE):**

**I do wish** for the NWGVEC staff to perform CPR (*resuscitation*) on my pet. *I understand my pet may survive from CPR but he/she may have brain damage. The initial estimate for CPR is \$300-\$500.* **Initial:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**I do not wish** for the NWGVEC staff to perform CPR (*resuscitation*) on my pet and by initializing, I authorize DNR (Do Not Resuscitate). **Initial:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **PAYMENT:**

Please initial next to your form of payment. **We do not accept checks or American Express credit cards.**

Credit/Debit: \_\_\_\_\_ Cash: \_\_\_\_\_ CareCredit: (6 months no interest if paid in full): \_\_\_\_\_ Scratchpay Loan: \_\_\_\_\_

## **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 emergency circumstances, the staff will make every attempt to contact me, or my designated representative before proceeding with treatment. I understand that I will financially be responsible for all procedures and costs, including any estimated changes for treatment provided to me in person or over the telephone. Payment is due at the time services are rendered. I understand that Northwest Georgia Veterinary Emergency Center does not accept checks as a form of payment for services. 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 cost if such be necessary. I give Northwest Georgia Veterinary Emergency Center and/or its agents permission to contact me by telephone at any phone number associated with my account, including wireless phone numbers, which may result in charges to me. Methods of contact may include use of auto dialing equipment and/or pre-recorded artificial voice messaging, text messaging or email. 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 7:15AM. Owners who do not check their pet out by 8AM, will incur a late fee of \$20 for each 5 minutes rounded up beyond 8AM.

**Signature of Owner:** \_\_\_\_\_ **Date:** \_\_\_\_\_