

Rescue organization information form

Please fax completed form to (404) 292-5981



Northlake Veterinary Surgery
(404)292-3281 (phone)
www.nvsatlanta.com

Please fill out the following form to let us know more about your organization and our primary contact with your group

Patient Information

Pet's name: _____ Breed: _____ Age: _____

Sex: _____ Spayed or Neutered? *Yes* *No* Current weight: _____

Are vaccines current?: *Yes* *No* Patient Behavior: *Good* *Caution* *Will Bite*

Organization Information

Name of Rescue Organization: _____

Has your organization worked with Northlake Veterinary Surgery in the past?: *Yes* *No*

Is your organization a 501(c) nonprofit organization?: *Yes* *No*

Organization's address: _____

(street address)

(city)

(zip code)

Organization phone number: _____ E-mail _____

Organization website: _____

Name of contact person for payment authorization: _____

Phone number of contact person for payment authorization: _____

Will this contact person be at the appointment: *Yes* *No*

If different than above, name of person bringing patient to the appointment: _____

Is this person an employee of the rescue organization: *Yes* *No*

Is this person the patient's foster caregiver? *Yes* *No*

Is this person authorized to make medical and financial decisions for patient? *Yes* *No*

Name of person to be contacted following surgery or in case of emergency: _____

Phone number for person to be contacted after surgery: _____