The Village Vets
Medicine • Surgery • Dentistry • Boarding
3404 Northside Parkway NW • Atlanta, GA 30327 • (770) 744-5993

Informed Consent for Veterinary Telemedicine

Veterinarian Information

This Informed Consent is provided by the veterinarian identified below, who is licensed and in good standing in the State of Georgia, prior to the provision of any telemedicine, teletriage, or teleadvice services.

Veterinarians

Kaya Bryant, DVM (Active license number: VET010442)
Hannah Moore, DVM (Active license number: VET011554)

Practice Location
The Village Vets Buckhead
3404 Northside Parkway NW
Atlanta, GA 30327
(770) 744-5993

Description of Services

Telemedicine, teletriage, and teleadvice are provided using telecommunications technology (such as video call, phone, or secure messaging) rather than in person. These services may include remote assessment, guidance, and follow-up care within the confines of an existing Veterinarian-Client-Patient Relationship (VCPR), consistent with Georgia Law (O.C.G.A. § 43-50-120 et seq.).

Notice of Limitations

By signing below, the client acknowledges understanding of the following limitations associated with veterinary telemedicine, teletriage, and teleadvice:

- The animal must reside in the State of Georgia in order to receive these services.
- A valid Veterinarian-Client-Patient Relationship (VCPR) must exist before telemedicine can be provided.
- Teletriage access may be limited if the animal is located within a 50-mile radius of another licensed veterinarian who is able to establish a VCPR in person.
- Telemedicine has limitations with respect to emergency care; the veterinarian may determine that an in-person visit or referral to another facility is necessary.
- Telemedicine has limitations with respect to performing diagnostics, which may require an in-person visit.
- There is an increased potential for misdiagnosis due to the inability to physically examine the patient remotely.
- The veterinarian retains sole discretion to determine when telemedicine is not appropriate or sufficient and may require an in-person visit or refer the client to another veterinary facility (including emergency or specialty practices).

Client Consent

I have read and understand the information above, including the limitations of veterinary telemedicine, teletriage, and teleadvice. I voluntarily consent to receive these services for my animal(s) from the veterinarian named above.

I understand that I may withdraw this consent at any time by notifying the practice in writing. I understand that consent will also need to be renewed if my animal has not been seen in person by this practice within the last 12 months, or if the practice notifies me in writing of additional consent or requirements needed to continue telemedicine services.

In accordance with O.C.G.A. § 43-50-121(a)(3), if consent is provided electronically, the client's electronic reply (e.g., responding “I Consent” with the date) shall be deemed a valid electronic signature, and the client agrees that such electronic response may be used as an authorized signature.

Client's Full Name

Date (MM / DD / YYYY)

Animal/Patient Name(s) (list multiple pets if applicable)

Client Signature