

**PIEDMONT PETS VETERINARY CARE**

122 West Shirley Avenue  
Warrenton, VA 20186  
(540) 349-7200

Thank you for giving us this opportunity to care for your pet. Please help us meet your needs better by taking a moment to complete BOTH sides of this information sheet.

---

---

Owner's Name Last \_\_\_\_\_ First \_\_\_\_\_ Driver License # \_\_\_\_\_

Spouse/Co-owner \_\_\_\_\_ Email address: \_\_\_\_\_

Mailing Address \_\_\_\_\_

Street Address (not P.O. box) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Spouse/Other Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

In case of EMERGENCY, please call \_\_\_\_\_ at phone # \_\_\_\_\_

How did you first hear of our hospital?

- Individual: someone we may thank? \_\_\_\_\_  Hospital sign / Drive-by  
 Yellow pages  Website  Other \_\_\_\_\_
- 
- 

**Piedmont Pets Veterinary Care, is staffed Tuesday and Wednesday from 8:00 AM to 7:00 PM; Thursday from 8:00 AM to 6:00 PM; Monday and Friday from 8:00 AM to 5:00 PM; and Saturday from 8:00 AM to 1:00 PM. We have no on-duty medical staff other than during these hours of operation.**

**Professional fees are due at the time services are rendered** unless other arrangements are made in advance. A \$30.00 (thirty dollar) charge will be assessed for any returned checks.

I clearly understand and agree that all services rendered to my pet(s) are charges directly to me and that I am personally responsible for payment. I understand that there will be a finance charge on (over 30 days) unpaid balances at a rate of 1.5% per month (18% annually) or a minimum service charge of \$3.00 (three dollars). Should collection actions be initiated, I agree to pay all collection fees and/or court costs.

**Should we be unable to contact you, do we have your permission to perform any procedures that we feel are in the best interest of your pet's well being while your animal(s) are in our care or under anesthesia?**  
 YES  NO

*I have read and understand completely all of the above.*

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_

## Animal Medical History

PATIENT INFORMATION	Pet #1	Pet #2	Pet #3
Name			
Species (cat, dog, other)			
Breed (Poodle, Boxer, Mix...)			
Description (color)			
Age			
Date of birth			
Sex			
Length of time owned			
Neutered or Spayed?			
Vitamins (type)			
Diet (kind of pet food, treats)			
Hours spent outside each day			
<b>VACCINATIONS / TESTS</b>			
DHLPP (distemper - dog)			
Parvovirus (dog)			
PRCP (infectious diseases - cat)			
Rabies (dog / cat)			
Feline Leukemia			
Lyme			
Other vaccine(s)			
Heartworm test (dog / cat)			
Bordetella (Kennel Cough)			
Heartworm prevention (Heartgard, Interceptor, etc.)			
Flea and/or Tick prevention (Frontline, Advantage, etc.)			
Feline Leukemia test			
Fecal exam (worms)			
Other test(s)			
Dentistry (cleaning, extractions, etc.)			
Prior illness			
Prior surgery			

PET ORIGIN

Humane Society  
 Friend

Rescue Group  
 Stray

Pet Shop  
 Breeder

Advertisement  
 Individual (nonbreeder)