

Piedmont Pets Veterinary Care
122 West Shirley Avenue
Warrenton, VA 20186
(540)-349-7200
piedmontpetsvetcare122@gmail.com

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 this sheet. Thank you!

Last Name: _____ First: _____
Preferred Contact Number: Cell Home Home: _____ Cell: _____
Work Phone: _____ Email Address: _____
Spouse/Co-Owner: Last: _____ First: _____ Phone: _____
Street Address: _____ City: _____
State: _____ Zip Code: _____
In Case of EMERGENCY, please call (name) _____ at phone #: _____
How did you first hear of our hospital? (fill in/check circle)
 Drive-by Facebook Google Search Instagram Referral Yelp

Professional fees are due at the time services are rendered unless other arrangements are made in advance.

A \$30.00 charge will be assessed for any returned checks.

I clearly understand and agree that all services rendered to my pet(s) are charged 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. 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 or life saving measures 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 understood completely all of the above.

Client Signature: _____ **Date:** _____

Printed Name: _____

	PET 1	PET 2	PET 3
Name			
Species			
Breed			
Birthdate/Age			
Gender			
Spayed/Neutered?			
Color			