



210 Millstone Drive
Hillsborough, NC 27278
www.PiedmontVet.com

Client & Patient Information Sheet

Client Information: (Legally Must be at least 18 years of age)

Owner _____ Spouse _____
 Address _____
 City _____ State _____ Zip Code _____
 County _____ Primary Phone _____ home or cell
 Secondary Phone _____ cell or other
 Email Address _____
 Employer _____ Phone _____
 Spouse Employer _____ Phone _____
 Emergency Contact _____ Phone _____

Patient Information:

	Pt #1	Pt #2	Pt #3
Patient Name	_____	_____	_____
Species.....	_____	_____	_____
Breed.....	_____	_____	_____
Color.....	_____	_____	_____
Date of Birth.....	_____	_____	_____
Sex (M or F).....	_____	_____	_____
Neutered/Spayed (Y/N)	_____	_____	_____
Current Medications	_____	_____	_____
Flea Prevention Product	_____	_____	_____
Heartworm Prev. Prod.	_____	_____	_____
Any Health Issues?	_____	_____	_____
Any Known Allergies	_____	_____	_____
Reason for visit today	_____	_____	_____
Previous Veterinarian _____ Phone _____			
Previous Vaccination History and/or Diagnosis _____			

How did you find out about us? _____ Whom may we thank? _____

By signing below you understand and agree that all payment is due at the time services rendered and that the above information is correct to the best of your ability.

Signature _____ Date _____
(Must be at least 18 years of age to sign)