

36 Highland Drive
Oakland, ME 04963



phone: (207) 465-8300
fax: (207) 465-8301
www.kennebecvet.com

CLIENT & PATIENT INFORMATION

Keeping your information current with us allows us
to contact you most effectively ☺

Sign up for your FREE Pet Portal via our website – allows you access to your pet's records at your fingertips 24/7.....order prescriptions, schedule appointments and shop our On line store all from the comfort of your home!!

WE APPRECIATE THE OPPORTUNITY TO CARE FOR YOUR PET.

Upon request, we will gladly prepare a written estimate of health care services.

ALL PROFESSIONAL FEES ARE TO BE PAID AT THE TIME SERVICES ARE RENDERED.

Date _____

Name _____ Spouse/Other _____
(Mr., Miss, Ms, Dr.) Last First Last First

Mailing Address: _____ City _____ State _____ Zip _____

Home Address: _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Spouse Cell Phone _____ Spouse Work Phone _____

Email Address: _____
Required for pet portal & KVS on-line store access – KVS WILL NOT sell this information to 3rd party vendors

Drivers License # _____ State _____ Expires _____ DOB _____

Spouses License # _____ State _____ Expires _____ DOB _____

In case of emergency, please call _____ at telephone # _____

HOW DID YOU FIND OUT ABOUT OUR HOSPITAL?

- Individual, whom may we thank for referring you? _____
 Hospital sign Yellow pages Web site Internet search
 Other _____

****Please review and complete applicable questions regarding your pet(s) on 2nd page****

PET INFORMATION

	PET 1	PET 2	PET 3
NAME	_____	_____	_____
SPECIES (Cat, Dog, Other)	_____	_____	_____
BREED	_____	_____	_____
DESCRIPTION (color)	_____	_____	_____
DATE OF BIRTH	_____	_____	_____
SEX	_____	_____	_____
NEUTERED/SPAYED	_____	_____	_____
MICROCHIP NUMBER	_____	_____	_____
MEDICAL ALERT (Seizures, hyper/hypo thyroid etc.)	_____	_____	_____
FOOD/DRUG ALLERGIES	_____	_____	_____
VITAMINS (Type)	_____	_____	_____
LENGTH OF TIME OWNED	_____	_____	_____
KIND OF PET FOOD (Brand-Dry, Canned etc.)	_____	_____	_____

REASON FOR VISIT

AUTHORIZATION

I hereby authorize the veterinarian to exam, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I understand that all charges must be paid at the time of service and that a deposit is required for hospitalized, surgical or emergency treatment.

Signature of owner/Agent: _____ Date: _____

Method of payment Cash Check Mastercard Visa Discover CareCredit

****Please note a drivers license or State ID is required if payment method is check.****