

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 ☺

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

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

Date _____

Name _____ Spouse/Other _____

Mailing Address: _____
City State Zip

Home Address: _____
City State Zip

Home Phone # _____ Cell Phone # _____ Work Phone # _____

Spouse's Cell Phone # _____ Spouse's Work Phone# _____

Your Email Address: _____
This will be used only by KVS to notify you of important business notifications, promos offered, & pet updates.

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 back of page

