

Kentlands Veterinary Hospital
117 Booth Street
Gaithersburg, MD 20878
(301) 519-7944

PATIENT/CLIENT INFORMATION

Thank you for giving the doctor and staff of Kentlands Veterinary Hospital the opportunity to care for your pet. Please help us meet our needs better by taking a moment to complete both sides of this information sheet. We always appreciate your input regarding how we can make Kentlands Veterinary Hospital a better place for you and your pets.

Date _____

Owner's Name _____ Spouse/Other _____

Children(First name & age) _____

Address _____ City _____ State _____ Zip _____

Home Telephone _____ Cellular Phone _____

Employer's Name & Address _____

Work Telephone _____ Extension # _____

Spouse/Other's Employer & Address _____

Spouse/Other's Work Number _____ Extension # _____

Email Address _____

At what time and at what phone number is it best to call about your pet?

Time _____ Phone Number _____

In case of an **emergency** call _____ Telephone # _____

We will gladly prepare a written estimate of the services we plan to provide, if you desire. Please ask our receptionist or doctor. **All fees are due at the time services, medication, or supplies are rendered.** If you pay by check or credit card, please complete the following:

Credit Card (company) _____ Account # _____ Exp Date _____

Personal Check: Driver's License _____ State _____

How did you hear of our hospital? _____

___ Individual whom we may thank? _____ ___ Yellow pages

___ Hospital sign/location ___ M.C. Humane Society ___ Other

We consider our pets ___ Part of the family ___ Just as pets

For the safety of you and your pets, we respectfully request that all pets be kept on a leash or in a carrier while in our waiting area. **To prevent the spread of infectious diseases and parasites, hospitalized and groomed animals must be current on all vaccines and free of internal & external parasites.** I authorize the doctor to provide vaccines and parasite control as needed for my pet.

In the unfortunate event that your account becomes delinquent and must be sent to collection, additional fees may be charged. Collection fees may be as much as 35% of your bill.

Signature _____

ANIMAL MEDICAL HISTORY (Please complete all information for each pet)

| | PET #1 | PET #2 | PET #3 |
|-------------------------------------|---------------|---------------|---------------|
| Name | | | |
| Species (cat, dog, other) | | | |
| Breed | | | |
| Description (color) | | | |
| Age | | | |
| Date of Birth | | | |
| Sex | | | |
| Length of Time Owned | | | |
| Spayed/Neutered | | | |
| Vitamins (type) | | | |
| Diet (kind of pet food) | | | |
| Type of Grooming Products | | | |
| Hours Spent Outside Each Day | | | |
| VACCINATIONS | | | |
| DHLPP (Distemper – Dog) | | | |
| Parvovirus (Dog) | | | |
| FVRCP (Cat) | | | |
| Rabies (Dog/Cat/Ferret) | | | |
| Distemper (Ferret) | | | |
| Feline Leukemia Test | | | |
| Other Vaccines | | | |
| Heartworm Test | | | |
| Heartworm Prevention | | | |
| Fecal Exam | | | |
| Dentistry | | | |
| Prior Illness | | | |
| Prior Surgery | | | |
| Pet Origin | | | |

