



Kentlands Veterinary Hospital  
301-519-7944 • kentlandsvet.com

Owner's Full Name: \_\_\_\_\_ Spouse/Other: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

At what number are you most reachable during business hours? \_\_\_\_\_

How did you hear about our hospital? \_\_\_\_\_

Did a friend refer you? We'll give them a \$20 credit! \_\_\_\_\_

**PET PORTAL**

The Pet Portal is a private and secure online access to your pet's health information. You can use your Pet Portal to manage your pet's health care, medications, vaccination reminders, schedule appointments, communicate with the veterinarian, and learn more about your pet's individual health and life-stage issues. We provide the Pet Portal free of charge to all clients who have an active email address. Please ask the receptionists for more information on how to set up your Pet Portal!

EMAIL ADDRESS: \_\_\_\_\_

**AUTHORIZATION**

I hereby authorize the veterinarian(s) to examine, prescribe, or treat as needed for my pet(s). I assume responsibility for all charges incurred in the care of my pet(s). I also understand that these charges will be paid in full at the time of release. In the unfortunate event that my account becomes delinquent and/or a check is returned, I understand and take full responsibility for any additional fees that may be charged to my account.

If you would like to keep your credit card information on file for emergency cases, please complete:

Credit Card Company: \_\_\_\_\_ Zip Code Associated: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV: \_\_\_\_\_

**SIGNATURE OF OWNER:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**CONFIDENTIAL**