



542 Plum Springs Loop  
Bowling Green, KY 42101  
P: 270-282-2564 F: 270-282-2563

## New Client Registration Form

We appreciate the opportunity to care for your pet.

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

OWNER NAME \_\_\_\_\_ DATE \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
HOME # \_\_\_\_\_ CELL # \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_

*Would you like to receive email reminders?* \_\_\_\_\_

EMPLOYER \_\_\_\_\_  
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SPOUSE/OTHER \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_  
SPOUSE/OTHER HOME # \_\_\_\_\_ CELL # \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_

*Would you like to receive email reminders?* \_\_\_\_\_

EMPLOYER \_\_\_\_\_

*How did you hear about us?* \_\_\_\_\_  
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**\*Please initial all statements below:**

\_\_\_\_\_ I do hereby request veterinary care to be provided for pet(s) presented by me or my agents. I also authorize Southcentral Veterinary Services to perform any and all operations which are deemed necessary by them for the welfare of any animal placed by me in their custody.

\_\_\_\_\_ I understand that I assume all financial responsibility and furthermore;

\_\_\_\_\_ I understand that payment is due in full at the time services are rendered.

\_\_\_\_\_ I hereby grant Southcentral Veterinary Services permission to take and use pictures for their social media pages and other marketing materials. OR \_\_\_\_\_ I hereby DO NOT grant Southcentral Veterinary Services permission to take and use pictures for their social media pages and other marketing materials.

	<i><u>Pet 1</u></i>	<i><u>Pet 2</u></i>	<i><u>Pet 3</u></i>
Name	_____	_____	_____
Date of Birth	_____	_____	_____
Age (Years)	_____	_____	_____
Species (Cat, Dog, Other)	_____	_____	_____
Breed	_____	_____	_____
Sex	_____	_____	_____
Neutered/Spayed	Neuter/Spayed/Intact	Neuter/Spayed/Intact	Neuter/Spayed/Intact
Color	_____	_____	_____
Length of Time Owned	_____	_____	_____
Microchip #	_____	_____	_____
Medical Alert	_____	_____	_____
Food/Drug Allergies	_____	_____	_____
Kind of Pet Food	_____	_____	_____
Kind of Grooming Products	_____	_____	_____

**Vaccination History**

Rabies	_____	_____	_____
DHLP-Parvo (Distem-Dog)	_____	_____	_____
Heartworm Test	_____	_____	_____
Heartworm Prevention	_____	_____	_____
Bordetella (Dog & Cat)	_____	_____	_____
FVRCP-P (Infectious Dis.-Cat)	_____	_____	_____
Feline Leukemia Vaccine	_____	_____	_____
Fecal Check (Worms)	_____	_____	_____
Dentistry	_____	_____	_____
Prior Illness	_____	_____	_____
Prior Surgery (list)	_____	_____	_____

# SOUTHCENTRAL VETERINARY SERVICES



542 Plum Springs Loop • Bowling Green, KY 42101  
Eddy Grimes, DVM • 270-282-2564 • 270-282-2563 (fax)

## Authorization to Release Veterinary Records

### Pet Owner Information:

Name: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Pet Information:

Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Name: \_\_\_\_\_ Breed: \_\_\_\_\_

### Information to be released includes:

Entire Medical Record  Vaccination History Only  Current Vaccination Status Only

### Southcentral Veterinary Services will need the information requested from the following:

Clinic/Hospital Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Veterinarian Name: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

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

I hereby certify that I am the owner or authorized agent of the owner of the above described pet(s). Further, I hereby request and authorize the release of the requested medical information for my pet(s) from the above named facility to Southcentral Veterinary Services. I release the above named facility and their veterinarians and staff from any and all legal liability to receive this information to the extent indicated and authorized herein. I may revoke this authorization in writing at any time.

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date