



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

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 _____

SPOUSE/OTHER _____
MAILING ADDRESS _____
SPOUSE/OTHER HOME # _____ CELL # _____
EMAIL ADDRESS _____

Would you like to receive email reminders? _____

EMPLOYER _____

How did you hear about us? _____

***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.