

Kentuckiana Animal Clinic

New Client Registration Form

Thank you for the opportunity to care for your pet. Please take time to fill in this form completely.

Owner's Name: _____ Name of Spouse/Additional Owner: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Email _____

Home Phone: _____ Cell Phone: _____ Text Messages: _____

How did you find out about our practice? (Check any that apply. If you were referred by a current client, tell us who so we can thank them!)

___ Referred by: _____

___ Location/Sign _____ Google/Internet Search

___ Facebook _____ Internet Review Site (Angie's List, Yelp)

___ Other: _____

Which social media platforms do you use? (Check any that apply.)

___ Facebook ___ Twitter ___ Pinterest ___ Instagram

___ LinkedIn ___ Google Plus ___ Snapchat ___ Vine ___

Preferred method of contact:

___ Phone Call ___ Text Message ___ Email

How would you prefer to receive exam & vaccine reminders? ___ Postcard ___ Email ___ Text Message ___ Phone call

Pet's Name: _____ Species (Dog or cat): _____

Breed: _____ Color/Special Markings: _____

Date of Birth or Approximate Age: _____ Sex: M / F Is your pet spayed/neutered: ___ Yes ___ No ___ Unsure

Previous Veterinarian, if any: _____

Current medications (Including supplements, heartworm preventatives, and flea/tick preventatives): _____

Describe your pet's diet: _____

Describe any known allergies: _____

Describe any known medical issues: _____

RECORDS RELEASE: *Information within veterinary medical records is privileged and confidential, and may not be released to anyone other than the owner of the patient, persons authorized by the owner, or other veterinarians involved with the treatment and care of the patient. Information must be released upon consent of the owner or authorized person(s). Consent may be written, electronic, or other form of waiver, and must be documented in the patient's medical file.*

I hereby certify that I am the owner or authorized agent of the above described pet. Further, I hereby request and authorize Kentuckiana Animal Clinic to release the requested medical information for my pets. I release Kentuckiana Animal Clinic and their veterinarians and staff from any and all legal liability for the release of information. I may revoke this authorization in writing at any time.

YES _____ NO _____

TREATMENT CONSENT: I hereby authorize the veterinarian to examine, prescribe for or treat the above described pet(s). I assume responsibility for all charges incurred in the care of this animal. I understand that payment is always due IN FULL at time of service. I recognize that financial concerns should be discussed PRIOR to exam & treatment. The KAC staff is happy to provide estimates.

PHOTO CONSENT: We love social media! Do we have your permission to share your pet(s)' image and story on social media, our website & other forms of related media? Your name and personal information will never be shared. Simply check below to authorize this:

___ **Yes. I authorize KAC to share my pet's photo & story.** ___ No. I do not authorize this.

Signature of Owner/Agent: _____

Date: _____

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