



**Thank you for letting us be your partner in your pet's health. We will answer any questions you have and address your concerns. Please fill in this form completely.**

**WELCOME! New Client Registration**

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

**Street:** \_\_\_\_\_ **Apt #:** \_\_\_\_\_ **City:** \_\_\_\_\_ **ST:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home #:** \_\_\_\_\_ **Work #:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Spouse's/Other's Phone #:** \_\_\_\_\_

**Social Security #** \_\_\_\_\_ **Driver's License #** \_\_\_\_\_

**Employer's Name & Phone #:** \_\_\_\_\_

**Spouse or Co-Owner Employer's Name & Phone #:** \_\_\_\_\_

**In Case of EMERGENCY, Call** \_\_\_\_\_ **#** \_\_\_\_\_

**How did you hear about us? (please let us know!)**

Friend/Family/Neighbor  Who? So we can thank them! \_\_\_\_\_

Williams Animal Clinic Team Member?  Who? So we can thank them! \_\_\_\_\_

Google  Humane Society  Which one? \_\_\_\_\_ Rescue Group  Which one? \_\_\_\_\_

Facebook  Community Event  Saw building/sign  Other  \_\_\_\_\_

**Preferred Method of Payment:** ( ) Cash ( ) Check or debit card ( ) Credit Card

**Pet Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Birthday:** \_\_\_\_\_

**Species:** ( ) Dog ( ) Cat **Gender (circle one):** Male Not Neutered/ Male Neutered Female Not Spayed/ Female Spayed

**Breed:** \_\_\_\_\_

**Color:** \_\_\_\_\_ **Microchip: (circle one) Yes / No**

**Vaccinations current? (If yes provide printed vaccine history) Yes / No**

**Where did he/she receive their vaccinations?** \_\_\_\_\_

**AGREEMENT TO PAY: I, the undersigned, accept the fee charged as a legal and lawful debt and agree to pay said fee, including any/all costs of collection, (33.33%), attorney fees and/or court costs, if such be necessary. I waive now and forever my right of exemption under the laws of constitution of the State of Alabama and any other State.**

**CELL PHONE CONSENT: You agree, in order for us to service your account or to collect monies you may owe, Williams Animal Clinic and /or our agents may contact you by telephone at any telephone number associated with your account, including wireless telephone numbers, which could result in charges to you. We may also contact you by sending text messages or emails.**

**I/We have read this disclosure and agree that Williams Animal Clinic, its employees and/or agents may contact me/us as described above.**

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_