

Please print this form, fill it out and bring it with you at the time of your appointment

## Weymouth Landing Cat Clinic and Hotel – New Client Registration

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Last name, First name, Middle initial

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Street Address/Apt. #

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City

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Zip Code

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Mailing Address (if different)

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City

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Zip Code

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Home Telephone #

---

Cell Phone

---

Employer Name & Address

---

Employment Telephone #

---

Spouse/Partner Employer Name & Phone #

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Spouse/ Partner Employer Phone #

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Emergency Contact Name & Telephone #

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Relationship

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Date \_\_\_\_\_

How did you hear about Weymouth Landing Cat Clinic & Hotel? \_\_\_\_\_

If you intend to pay for services by check, we must have you provide your license or social security # \_\_\_\_\_

I understand that my pet(s) must be current on all vaccinations before being admitted to the hospital.

I understand that professional fees must be paid at the time of service.

A service fee of \$15.00 plus any bank fees will be applied to any returned checks. Also, a 1.5% service fee plus \$6.00 will be applied to any balances carried over 30 days.

I, the undersigned, authorize Weymouth Landing Cat Clinic and Hotel and its employees to treat, prescribe, and administer medications to my pet(s) as necessary.

\_\_\_\_\_  
Your Signature