



Tomahawk Animal Hospital – Client Information Sheet
Friendly Service – Exceptional Care

Today's Date: _____

Thank you for giving us the opportunity to serve you and care for your pets. So that we may become better acquainted, please complete the following information:

Client's name: _____ Significant other's name: _____

Children's names and ages: _____

Primary cell phone: _____ Primary email address: _____

Significant other's cell: _____ Home telephone: _____

Home address: _____ Apt: _____

City: _____ State: _____ Zip code: _____

Employer's name: _____ Work phone: _____

Employer's address: _____

Significant other's employer: _____ Work phone: _____

Employer's address: _____

Emergency contact name: _____ Phone number: _____

How did you learn of our hospital?

(___) Hospital's Sign/Driving By (___) Advertisement (___) Yellow Pages (___) Internet

(___) Recommended by: _____ (___) Other: _____

To prevent the spread of infectious disease and parasites, all surgical, hospitalized, boarded, and grooming pets must be current on vaccines and free from internal and external parasites. Vaccines and parasite control will be provided by the doctors as needed at the cost of the owner.

By signing, I understand that I am financially responsible for all charges incurred from medical treatment at this facility. I also understand that all professional fees are due at the time services are rendered. Please ask the receptionist, technician, or doctor if you would like a written estimate.

Signature: _____ Date Signed: _____