



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

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

CLIENT INFORMATION:

Owner Name: _____ Significant Other: _____

Children (first name and ages): _____

Address: _____ Apt: _____

City: _____ State: _____ ZIP: _____

Home Telephone: _____ Cell: _____

Employer's Name and Address: _____

Work Phone: _____

Drivers License Number: _____ State: _____

Significant Other's Employment Info: _____

Work Phone: _____ Cell: _____

What is the best phone number _____ and time of day to reach you about your pet? _____

In case of Emergency, contact: _____ Phone Number: _____

How did you hear of our hospital?

____ Referral/Individual: someone we may thank? _____

____ Yellow Pages ____ Hospital Sign ____ Advertisement

____ Other _____

Which of the following services would you be interested in?

____ Referral Service (special gifts for referring new clients to our hospital) ____ Grooming

____ Boarding ____ Monthly Discount Specials

____ Other Suggestions or Comments _____

TO PREVENT THE SPREAD OF INFECTIOUS DISEASES AND PARASITES, ALL SURGICAL PATIENTS, 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.

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. We will gladly prepare a written estimate if you desire. Please ask the receptionist or doctor.

Signature _____ **Date** _____

www.tomhawkanimalhospital.com