



TOMAHAWK ANIMAL HOSPITAL
CLIENT INFORMATION FORM
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.

Name: _____ Significant Other's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Primary Mobile Number: _____ Email: _____

Significant Other's Mobile Number: _____ Home Number: _____

Employer: _____ Work Number: _____

Significant Other's Employer: _____ Work Number: _____

Emergency Contact: _____ Phone Number: _____

How did you learn about our hospital?

Hospital Sign/Driving By Advertisement Internet/Social Media

Recommended By: _____ Other: _____

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

By signing, I understand that I am financially responsible for all charges incurred for 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 treatment plan for services.

Signature: _____ Date: _____