



Client Information

Owner _____ Primary Phone _____ Home/Cell (circle one)

Co-Owner _____ Primary Phone _____ Home/Cell (circle one)

Address _____ Apt/Unit _____

City _____ State _____ Zip _____

Employer _____ Work Phone _____

Email _____

How did you hear about us? (circle one) Boarding / Sign / Internet Search / Yelp / Website /
Facebook / Humane Society

Other _____ If recommended, by whom? _____

Pet Information

Pet's Name _____ Canine/Feline/Exotic – Male/Female – Neutered/Spayed

Breed _____ Color _____ Birthdate or Age _____

Where did you acquire your pet? _____ At what age? _____

Current Medications _____

Other medical history: _____

Other Pets in the Household _____

Do you have Pet Insurance? Yes / No If yes, what company? _____

Consent for Release of Vaccine Information

_____ Yes, I authorize Maplebrook Pet Care Center to release my pet's vaccination status to third parties when requested at any time in the future. Third parties include, but are not limited to, boarding facilities, groomers, veterinary clinics or hospitals.

_____ No, I do not authorize the release of vaccination status to third parties without my consent at the time of request.

Media Release

I authorize the staff at Maplebrook Pet Care Center to release portions of my pet's history, including my pet's first name, personal recollections, radiographs, photographs, video images, or other images, to use with media entity(ies) including, but not limited to; Facebook, Twitter, Website, You Tube, Instagram, and Pinterest.

_____ Yes, I authorize Maplebrook Pet Care Center to release my pet's information as stated above.

_____ No, I do not authorize Maplebrook Pet Care Center to release my pet's information as stated above.

Signature _____ Date _____

All accounts are to be paid in full at the time of service.