

# WELCOME TO MAPLEBROOK PET CARE CENTER

## NEW CLIENT INFORMATION

OWNER'S

NAME(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Hm: \_\_\_\_\_ Wk: \_\_\_\_\_ Cell: \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

Place of employment: \_\_\_\_\_

**How did you hear about our clinic?** \_\_\_ Website \_\_\_ Facebook \_\_\_ Sign  
\_\_\_ Internet/Google \_\_\_ Humane Society \_\_\_ RPAW rescue group  
\_\_\_ Other rescue group \_\_\_ Other: \_\_\_\_\_

**If Personal Referral – Who may we thank?** \_\_\_\_\_

### DOG INFORMATION:

Name: \_\_\_\_\_ Date of birth/ Age \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_

Sex \_\_\_\_\_ Neuter/Spayed? YES \_\_\_\_\_ NO \_\_\_\_\_

Vaccination History: (Name of previous clinic \_\_\_\_\_)

Distemper \_\_\_\_\_ Rabies \_\_\_\_\_ Bordetella \_\_\_\_\_ Heartworm test \_\_\_\_\_

Fecal \_\_\_\_\_ Lyme \_\_\_\_\_ Lepto \_\_\_\_\_

Other Medical History (i.e. any illnesses, or surgery?) \_\_\_\_\_

\_\_\_\_\_

Your form of payment today? Check \_\_\_\_\_ Cash \_\_\_\_\_ Credit Card \_\_\_\_\_

Entered by \_\_\_\_\_ Date Entered \_\_\_\_\_  
Checked By: \_\_\_\_\_ Date Checked \_\_\_\_\_