



**McConnellsburg Veterinary Clinic, LLC**  
 163 Reservoir Rd. McConnellsburg, PA 17233  
 717-485-3552

Date: \_\_\_\_\_

**DROP OFF INFORMATION SHEET**

Client Name: \_\_\_\_\_ Pet Name: \_\_\_\_\_

**Please be as thorough as possible in answering the following questions:**

Reason for visit today \_\_\_\_\_

**Check the symptoms that apply and give details:**

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li><input type="radio"/> <b>Decreased appetite</b> _____<br/>_____</li> <li><input type="radio"/> <b>Coughing</b> _____<br/>_____</li> <li><input type="radio"/> <b>Sneezing</b> _____<br/>_____</li> <li><input type="radio"/> <b>Vomiting</b> _____<br/>_____</li> <li><input type="radio"/> <b>Diarrhea</b> _____<br/>_____</li> <li><input type="radio"/> <b>Discharge from Eyes/Nose</b> _____<br/>_____</li> </ul> | <ul style="list-style-type: none"> <li><input type="radio"/> <b>Seizures</b> _____<br/>_____</li> <li><input type="radio"/> <b>Itching</b> _____<br/>_____</li> <li><input type="radio"/> <b>Limping</b> _____<br/>_____</li> <li><input type="radio"/> <b>Last heat cycle if pet is not spayed</b> _____<br/>_____</li> <li><input type="radio"/> <b>Urinary</b> _____<br/>_____</li> <li><input type="radio"/> <b>Other</b> _____<br/>_____</li> </ul> |
|--|--|

Current medications (dose/last time each was given) \_\_\_\_\_

Heartworm Preventive \_\_\_\_\_ Flea/Tick Preventive \_\_\_\_\_

Have you given any over the counter medications, what/when \_\_\_\_\_

Current diet \_\_\_\_\_ When did pet last eat \_\_\_\_\_

**\*I understand that if my pet is found to have fleas on the day he/she is admitted to the hospital, a flea treatment will be administered at my expense. This enables us to keep our hospital flea free.**

Signature \_\_\_\_\_ Phone Number \_\_\_\_\_

Staff Initials \_\_\_\_\_