



WELCOME TO McCONNELLSBURG VETERINARY CLINIC, LLC  
 163 Reservoir Rd. McConnellsburg, PA 17233  
 717-485-3552 www.mcconnellsburgvet.com

**PLEASE PROVIDE CURRENT CONTACT INFORMATION**

\_\_\_\_\_ Client Acct. # (office use)  
 \_\_\_\_\_ Staff initials

Name: \_\_\_\_\_ Spouse/Other: \_\_\_\_\_

SS# \_\_\_\_\_ or Drivers' License #: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Secondary Cell: \_\_\_\_\_ Secondary Work Phone: \_\_\_\_\_

**Which number is the best contact number? Home \_\_\_\_\_ or Cell \_\_\_\_\_**

Email: \_\_\_\_\_

Would you like to receive text message updates? Yes \_\_\_\_\_ No \_\_\_\_\_

Can we use photos of you & your pet on Facebook? Yes \_\_\_\_\_ No \_\_\_\_\_

Has your pet been seen by another local veterinarian? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, may we contact them for prior records? Name of Clinic/Dr. \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Method of Payment: Cash \_\_\_\_\_ Check \_\_\_\_\_ Credit Card \_\_\_\_\_ CareCredit \_\_\_\_\_

**I assume responsibility for all charges incurred. I also understand that payment is due in full at time of service or discharge of pet. A deposit may be required prior to service or for surgical treatment. \*\*NOTE: There is a \$25 service fee for returned checks\*\***

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

## PET INFORMATION

Pet's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Circle One: Dog / Cat Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Microchip Y/N # \_\_\_\_\_ Circle one: Male/Female Spayed /Neutered / Unknown/Intact

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