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### DROP OFF QUESTIONS

Client Name \_\_\_\_\_ Patient Name \_\_\_\_\_

What is the presenting problem? \_\_\_\_\_

How long has the problem been present? \_\_\_\_\_

Has your pet received treatments for this problem? yes no If yes, what were the treatments and what was the outcome? \_\_\_\_\_

What medications is your pet currently taking (if any)? \_\_\_\_\_

If your pet is painful, where does the pain seem to be located? \_\_\_\_\_

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Please circle the appropriate symptom:

Attitude	Normal	Depressed/ Lethargic
Appetite	Normal	Increased Decreased
Water Drinking	Normal	Increased Decreased
Urination	Normal	Increased Decreased
Vomiting	Yes	No
Diarrhea	Yes	No
Coughing	Yes	No
Sneezing	Yes	No

**VACCINATIONS:** All pets staying in our hospital are required to be currently vaccinated against RABIES and DISTEMPER and have a current negative intestinal worm exam. Additionally, all dogs must be currently vaccinated against PARVO and BORDETELLA.

**FLEA POLICY:** Your pet will be inspected for fleas upon admission and prior to discharge. All patients will be treated for fleas if they are present upon admission at owner's expense.

Name of person to contact \_\_\_\_\_ Phone number \_\_\_\_\_