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Welcome! Thank you for choosing Hempfield Animal Hospital
to provide veterinary services for your pet.

Today's Date: _____

ABOUT YOU

Owner: _____ Email: _____

Address: _____ City: _____ Zip: _____

Phone: (Home) _____ (Work): _____

Spouse: _____ Phone: _____

Employer: _____

ABOUT YOUR PET

Name: _____ Dog Cat Breed: _____

Sex: M F Neutered? Y N Age: _____ Date of Birth: _____ Color: _____

DATE OF PREVIOUS VACCINATIONS

CANINE: Distemper/Pavro: _____ Kennel Cough: _____ Rabies: _____ Lymes: _____

FELINE: Feline Distemper: _____ Leukemia: _____ Rabies: _____

DOGS:

Do you board your dog at a kennel? Y N Do you go to a groomer? Y N

Do you give your dog a monthly heartworm preventative? Y N Flea & Tick preventative? Y N

Do you travel with your dog? Y N

Has your dog has any previous health problems or surgery? Y N

CATS:

Do you permit your cat to go outside? Y N

Does your cat have contact with other cats? Y N

Has your cat had any previous health problems or surgery? Y N

NOTE: ALL FEES ARE DUE UPON COMPLETION OF OFFICE VISIT.
