Hempfield Animal Hospital

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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: _____ Kind: Dog Breed: _____

Sex: Male Neutered? No 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

When complete, save to your computer and email to hempfield@hempfieldanimalhospitalinc.com,
or simply print and bring with you to your first visit.

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