Hempfield Animal Hospital

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

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

Today's Date: _____

ABOUT YOU

Owner: _____ Email: _____

Address: _____ City: _____ Zip: _____

Phone: (Home)_____ (Work): _____

Spouse: _____ Phone: _____

Employer: _____

ABOUT YOUR PET

Name: _____ Species: (Select) Breed: _____

Sex: (Select) Spayed/Neutered? (Select) 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 AT TIME OF SERVICE.

We do require a deposit at the time of booking for all new clients. This deposit will cover the cost of your first exam.

We kindly ask for 24 hours' notice of any cancellations or reschedules. We understand that this may seem like an inconvenience to some, but this helps us ensure clients arrive for their scheduled appointment time and/or allow space for other animals in need to be seen. We appreciate your understanding.