Curtis Road Animal Hospital

210 W. Curtis Road
Savoy, Illinois 61874
Phone 217.351.5814
Fax 217.351-8104

NEW CLIENT RECORD

Thank you for giving Curtis Road Animal Hospital an opportunity to care for your pet.

Owner _____ Spouse _____
Last, First Last, First

Authorized owner representative or family members _____

Address _____
Street Apt#

_____
City State Zip Code

Home Phone _____ Cell/Pager _____

Other Emergency # _____ E-mail _____

If necessary, may we call you at work?

Work Phone(s) _____ ☐ Yes ☐ No

Drivers License (only if paying by check)_____

How did you become aware of our hospital?

☐ Humane society/Animal shelter ☐ Groomer (specify) _____
☐ Yellow Pages ☐ Boarding kennel _____
☐ Hospital sign ☐ Internet / website
☐ Friend / Relative _____
☐ Other: _____

Previous Veterinarian _____
May we contact them for your pet's medical records? ☐ Yes ☐ No

I am the owner, or a representative of the owner, of the animal presented and I authorize the veterinarian(s) to examine, prescribe for, and/or treat said animal. I assume responsibility for all charges incurred in the care of this/these animal(s). I understand an estimate of fees will be provided at my request after an initial assessment has been made. I realize that actual expenses may differ from the estimate dependent on the patient's condition and length of stay in the hospital. Curtis Road Animal Hospital will make every effort to contact me if expenses exceed an accepted estimate.

All charges are to be paid at the time services are provided. A payment may be required in advance for major surgeries or extensive treatments. We accept Cash, Check, Visa, Mastercard, and Discover card.

I agree to pay interest charges of 18% APR (1.5% per month) for any balance over 30 days past due. Should collections efforts become necessary, I further agree to pay the reasonable costs incurred in the process of collections. I also agree to pay a non-sufficient funds (NSF) fee of $25 for any returned check.

Signature_____ Date _____

Curtis Road Animal Hospital

NEW PATIENT RECORD

Name _____ Breed _____
Color/Markings _____ Microchip/Tattoo _____
Age/Birth Date _____ Sex _____ Spayed/Neutered? _____
How long owned? _____

Vaccination and Testing history (Please fill in dates given, if known)

Dog

_____Rabies - 1 year or 3 year? (please circle)
_____DHLPP (Distemper)
_____Kennel Cough
_____Corona
_____Lyme
_____Heartworm test
_____Fecal test (stool check)
_____Blood Profile

Other: _____

Cat

_____Rabies
_____FVRCP (Distemper/Cold viruses)
_____Feline Leukemia vaccine
_____Feline Leukemia test
_____FIV test
_____Heartworm test
_____Fecal test (stool check)
_____Blood profile

Other _____

Medical History

Percent of time spent outdoors _____
Is your pet (dog *and* cats) on Heartworm Prevention? _____ Type: _____
Is your pet on Flea Prevention? _____ Type: _____
Previous medical problems or surgery? _____
_____
Current medical problems? _____
_____
Current medications - please list type and dose. _____
_____
Allergies? _____
Main Diet (brand/amount) _____ _____
Treats: _____ Table foods: _____