

## **New Patient Record**

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

Name:		
Color/Markings:		
Age/Birth Date:	Sex:	Spayed/Neutered?
М	edical History	
Indoor/Outdoor/Both:	Percent of tin	ne spent outside:
Is your pet on heartworm prevention? Type?		
Is your pet on flea/tick prevention? Type?		
Allergies:		
Previous medical problems or surgery?		
Current medical problems?		
Current medications (type and dose)		
I am the owner, or a representative of the owner, of the prescribe for, and/or treat said animal. I assume resp animal(s). I understand an estimate of fees will be presented that actual expenses may differ from the estimate hospital. Curtis Road Animal Hospital will make every All charges are to be paid at the time services are presurgeries or extensive treatments. We accept Case Any account with a No Show to a scheduled appoint limited to: same day appointment cancelation/reschemonth) for any balance over 30 days past due. Should reasonable costs incurred in the process of collection returned check.	onsibility for all chovided at my requenate dependent on y effort to contact provided. A paymoh, Check, Visa, Ment is liable to a nedules. I agree to put of collections effor	narges incurred in the care of this/these est after an initial assessment has been made. In the patient's condition and length of stay in the me if expenses exceed an accepted estimate.  ent may be required in advance for major lastercard and Discover card.  minimum charge of \$71.50, including but not pay interest charges of 18% APR (1.5% per ts become necessary, I further agree to pay the
Signature:		Date: