

Handle With Care Home Veterinary Service

Serving Chicagoland and Southwestern Michigan



New Patient Form

Please fill out this form for each of your individual pets

Pet's Name						
Pat's Birthdate						
Type of Pet	Dog		Cat		Other	
Pet's Gender	Male		Female			
Human's Name						
Email						
Address						
Phone	Home		Mobile			

Pet's Medical History

Instructions: What follows are guidelines for creating a summary of your pet's medical history. While I will also want to review relevant medical records from veterinary providers, I am as much interested in YOUR viewpoint.

Health Summary: Please provide a detailed summary of your concerns regarding your pet's health:

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Specific Concerns: Please provide a list of past medical concerns (illnesses, surgeries, etc), including approximate dates of occurrence. If certain problems recur frequently, please indicate that as well:

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Diet: Please provide specifics about your pet(s) usual diet (past and present):

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Medicines and Supplements: Please provide a current list of medications and supplements/vitamins. Indicate dosage and frequency as well. Helpful to have medications and supplements available for review during the appointment:

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Vaccination History: Please provide vaccination history for last 5 years:

Rabies	
Distemper Combo	
Lyme	
Bordatella	
FVRCP	
FELV	
Titer results	
Other	

Please have your veterinary providers email (curtisvet1@gmail.com) any relevant medical records from at least the last 12 months. I may request additional medical records during our visit.

Agreement

As the owner or authorized agent of the pet described above, I hereby authorize Dr. Kimberly Curtis and staff of Handle With Care Home Veterinary Service, PC to perform the services I request, and all other procedures, diagnostics, treatments, and/or administration of prescription medications and over the counter medications/supplements (both label and off-label) within accepted veterinary guidelines as deemed advisable and/or necessary for my pet(s). Dr. Curtis and staff will take every reasonable action to ensure the success of my pet's treatment/procedure, but the possibility of death as a severe complication of any procedure does exist. There is no guarantee, nor can one be made as to the results or cure of any therapy. I agree to pay, in full, for any and all services rendered at the point of service. I understand and agree to the terms of Handle With Care Home Vet's cancellation policy.

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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