

# American Animal Hospital

11030 Emmet Street, Onlaha, NE 68164 (402)

493-6767

## Drop off Appointment and Grooming Registration form

Owner's Name	Pet's Name	Pet's Age:
Address:	City:	State:
Email:	Preferred method of contact for updates: Email _____ Phone _____ Text _____	Phone number where you can be reached today: _____

Presenting Complaints: \_\_\_\_\_

Procedures to be performed: \_\_\_\_\_

### Medical History:

Has your pet recently experienced vomiting, coughing, sneezing, diarrhea? \_\_\_\_\_

If yes, please describe . \_\_\_\_\_

Duration: \_\_\_\_\_

Did your pet eat this morning? \_\_\_\_\_

Is your pet on a special diet? \_\_\_\_\_ If yes, please explain \_\_\_\_\_

Is your pet current on vaccinations? \_\_\_\_\_

Is your pet allergic to any drugs? \_\_\_\_\_ If yes, please explain \_\_\_\_\_

Is your pet taking any medications? \_\_\_\_\_ If yes, what medications? \_\_\_\_\_

### **Elective Procedures:**

_____	Flush and clean ears	\$18.50
_____	Nail Trim	\$14.95+tax
_____	Express Anal Glands	\$25.00+tax
_____	Heartworm Test	\$36.00+tax
_____	Intestinal Parasite Screen	\$26.55
_____	FIV/FelV/Feline HWT	\$47.90
_____	Microchip	\$45.00

### **Please Read Below:**

Please reach me at the above number before performing any other necessary procedures, except in the case of a medical emergency.

I hereby authorize American Animal Hospital to perform such diagnostic, therapeutic and surgical procedures that are in their opinion, necessary and advisable for treatment and maintenance of my pet's health and well being. The nature of such services has been described to me and to my satisfaction and, while I expect all procedures to be done to the best of the abilities of the professional staff, I realize that no guarantee or warranty can ethically, or professionally, be made regarding the results or cure.

I also authorize the hospital director and staff to provide veterinary service as required or in emergency circumstances to follow through with such procedures as are necessary for the well being of my pet on a continuing basis until further advised in writing, even if I cannot be reached.

I understand that I assume full financial responsibility for all services rendered.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

\*Copy available upon request Do you give us permission to use your pet's photos and videos for social media & educational purposes? \_\_\_\_\_