

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 | \$22.60+tax |
| _____ | Heartworm Test | \$32.45+tax |
| _____ | Intestinal Parasite Screen | \$26.55 |
| _____ | FIV/FelV/Feline HWT | \$47.90 |
| _____ | Microchip | \$44.00 |

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? _____