Jaime Nalezny, D.V.M. **Avian & Exotic Veterinary Housecall Service, PLLC** **612/520-1386**

PATIENT/CLIENT/BILLING PARTY INFORMATION

Your Name/Title:_____

Address:_____City:_____Zip:_____

Email:_____Employer:_____

Home Phone #:_____Work Phone #:_____ Employer Phone #:_____

How do you prefer to be notified of reminders? Phone message ☐ Text ☐ Email ☐

SPOUSE OR SIGNIFICANT OTHER INFORMATION

Name/Title:_____

Email:_____Employer:_____

Home Phone #:_____Work Phone #:_____ Employer Phone #:_____

EMERGENCY CONTACT INFO

Who to contact: _____@ Telephone:_____

BILLING & RESPONSIBILITIES

Party responsible for all care decisions:_____

Party responsible for all financial decisions:_____

(if paying by check) Driver's License #:_____State:_____

OTHER

How did you first learn of our hospital? We would like to thank any individual who referred you.

☐ AAV/ARAV/AEMV Referral ☐ Website:_____ ☐ Other:_____

☐ Referred by:_____

AT YOUR REQUEST WE WILL GLADLY DISCUSS COST OF SERVICES
AND/OR PREPARE A WRITTEN ESTIMATE FOR RECOMMENDED PROCEDURES.
PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.
DEPOSITS MAY BE REQUIRED FOR PETS BEING ADMITTED.

We accept cash, checks drawn from a local bank, credit cards or payments thorough PayPal to vet@aevhs.com. We charge a $50 fee for any returned checks and a 50% cancellation fee of the cost of the exam if you cancel within 24 hours of the appointment. New clients are required to have a credit card deposit. We are happy to apply this amount toward a future rescheduled appointment in the event of a cancellation.

I, the undersigned and owner of the following pet(s):

have had explained to me the recommended procedures along with the risks and elect to have Dr. Jaime Nalezny of AEVHS proceed with examinations for these pet(s) of mine and the elected procedures of:

I understand that all pets that I wish to have groomed are required to have an examination to assess them for any risks prior to elective procedures. If my pet is not found to be healthy at the time of the exam, Dr. Jaime Nalezny and AEVHS may elect to forgo the procedure until my pet is healthier and more stable. Furthermore, I agree to not hold Dr. Jaime Nalezny or AEVHS, PLLC liable for any unforeseen circumstances when handling my pet, providing treatment, or observing any of the following animals on the next page(s) for veterinary treatment and care.

SIGNATURE of decision-maker_____**DATE**_____

SIGNATURE of financial decision-maker*_____**DATE**_____

** if different from above*

Please continue on the next page

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PATIENT/CLIENT INFORMATION

	PET # 1	PET # 2	PET # 3
Name			
Species			
Breed			
Description/Color			
Age			
Hatchdate/Date of Birth			
Sex/Altered?			
Length of Time Owned			
How Obtained?			
Previous Hospital/Vet			
Microchip #			
Previous testing:			
CBC			
Chemistry			
Fecal			
Fecal gram stain			
Chlamydia PCR			

Please continue on the next page

Any Other tests?			
Pet sitter			
Boarding facility			
Current Medications			
Special Diet			
Prior Illness/Accidents			
Prior Surgery			

DETAILS

please include any concerns you have with your pet, including any problems encountered at previous veterinary examinations

Symptoms of Coronavirus (COVID-19)

Your symptoms can include the following:

If you have COVID-19, you may have mild (or no symptoms) to severe illness.

Symptoms can appear 2-14 days after you are exposed to the virus that causes COVID-19.

Seek medical attention immediately if you or someone you love has **emergency warning signs**, including:

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion or not able to be woken
- Bluish lips or face

This list is not all inclusive. Please consult your medical provider for any other symptoms that are severe or concerning.

cdc.gov/coronavirus

CS 316475-A April 13, 2020 6:49 PM

Avian & Exotic Veterinary Housecall Service, PLLC

p: 612/520-1DVM | f: 800/975-1624 | scheduling@aevhs.com

COVID-19 Client Disclosures

This client disclosure form seeks information from you that we must consider before making treatment decisions in the circumstance of the COVID-19 virus. **Please fill this out the *NIGHT BEFORE OR MORNING OF* of your appointment.**

A weak or compromised immune system (including, but not limited to, conditions like diabetes, asthma, COPD, cancer treatment, radiation, chemotherapy, and any prior or current disease or medical condition), can put you at greater risk for contracting COVID-19. Please disclose to us any condition that compromises your immune system and understand that we may ask you to consider rescheduling your pet's appointment or we may need to take extra precautions to see your pet after discussing any such conditions with us. *We reserve the right to cancel appointments at any time.*

It is also important that you disclose to this office *any indication of having been exposed to COVID-19, or whether you have experienced any signs or symptoms associated with the COVID-19 virus. Please enter any possible exposures below, and the nature of these exposures in the last 14 days:*

If no concerns for exposures, please enter "n/a"		
Do you have a fever or above normal temperature?	yes	
Have you experienced shortness of breath or had trouble breathing?	yes	
Do you have a dry cough?	yes	
Do you have a runny nose?	yes	
Have you recently lost or had a reduction in your sense of smell?	yes	
Do you have a sore throat?	yes	
Have you been in contact with someone who has tested positive for COVID-19?	yes	
Have you tested positive for COVID-19?	yes	
Have you been tested for COVID-19 and are awaiting results?	yes	
Have you traveled outside the United States by air or cruise ship in the past 14 days?	yes	
Have you traveled within the United States by air, bus or train within the past 14 days?	yes	

I fully understand and acknowledge the above information, risks and cautions regarding a compromised immune system and have disclosed to my provider any conditions in my health history which may result in a compromised immune system.

By signing this document, I acknowledge that the answers I have provided above are true and accurate.

_____ _____

Signature Date

Avian & Exotic Veterinary Housecall Service, PLLC

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COVID-19 pandemic emergency veterinary treatment notice and acknowledgement of risk form

Our goal is to provide a safe environment for our patients and staff, and to advance the safety of our local community. This document provides information we ask you to acknowledge and understand regarding the COVID -19 virus.

The COVID-19 virus is a serious and highly contagious disease. The World Health Organization has classified it as a pandemic. You could contract COVID-19 from a variety of sources. Our practice wants to ensure you are aware of the additional risks of contracting COVID -19 while having your pet seen by us for care.

The COVID-19 virus has a long incubation period. You or your healthcare providers may have the virus and not show symptoms and yet still be highly contagious. Determining who is infected by COVID-19 is challenging and complicated due to limited availability of virus testing.

Due to the frequency and timing of visits by other clients with patients, the characteristics of the virus, and the characteristics of certain procedures, there is an elevated risk of you contracting the virus simply by being in an **enclosed room, vehicle, or office with others. Therefore we are only seeing patients in our vehicle for short periods of time, and allowing "curbside" drop off appointments with transition of patients into disinfected carriers for transport into our office or RV for treatment; or as season, weather and species and patients permit, an outdoor visit for care.** Reasons we must physically see patients include but are not limited to: the establishment of a legal and valid veterinary-client-patient relationship prior to instituting telemedicine, collecting samples, administering treatment, or to physically care for a patient during the COVID-19 pandemic.

Pursuant to statements and orders from the Center for Disease Control (CDC), the American Veterinary Medical Association (AVMA) and Governor Walz, elective, emergency and urgent treatment may be rendered based on the professional judgement of health care professionals.

By signing this document, I confirm that:

I have read the Notice above and understand and accept that there is an increased risk of contracting the COVID-19 virus by entering within the veterinary office, interacting with staff members, or with the treatment of my pet. I further confirm that I am seeking treatment for a condition that meets the criteria noted above and that *I have not recently tested positive for Covid-19 or am I experiencing any symptoms of Covid-19 at this time.* I understand and accept the additional risk of contracting COVID-19 from contact by interacting with the staff of AEVHS, or bringing my pet to the AEVHS office. I understand that *I must wear a mask and will review the read me file* for current policies and procedures. I acknowledge that I could contract the COVID-19 virus outside of the AEVHS office or staff of AEVHS in circumstances unrelated to my visit here.

You understand that the benefits of having your pet: Your pet's name here **seen for,** i.e. an exam for illness, well check **include the benefits of:**

Please enter what benefits this visit may have (i.e. establishing care, diagnosis/treatment of illness, mitigation of suffering)

I have read and understand the information stated above, and also that scheduled procedures may be canceled with very short notice should a *client, staff member, or patient test positive for, or experience signs or symptoms of,* 19, the facility's health care capacity change, or COVID-19 caseloads in the community change or the veterinary community is ordered by executive order to change our operations.

Signature Date

AVIAN & EXOTIC VETERINARY HOUSECALL SERVICE

Pet pre-exam form

BASIC INFORMATION & HISTORY

Name, species, and age	Identifying characteristics (color/mutation/band #)
Name: Species: Birth/hatch date or current age:	

Sex

☐ Male; neutered ☐ Male; unneutered ☐ Male; unsure if neutered

☐ Female; spayed ☐ Female; not spayed ☐ Female; unsure if spayed

☐ Unsure if male or female

Origins

"Gotcha day" (how long have you had your pet?)

Where did you get your pet?

☐ Adoption ☐ Breeder ☐ Pet store ☐ Other

Name of the organization/breeder/pet store. If 'Other', please elaborate:

If from a breeder, is it a closed facility?

☐ Open ☐ Closed ☐ Unsure ☐ Not applicable

Continued on next page

Is your pet fearful of anything?

☐ Yes ☐ No ☐ Unsure

If yes, please note:

How often is your pet handled?

☐ Daily ☐ Weekly

☐ Other:

How often does your pet go outside?

☐ Daily ☐ Weekly ☐ Never

☐ Other (length and frequency):

Has your pet ever lived or boarded with other animals?

☐ Yes ☐ No ☐ Unsure

If yes, please note species:

Does your pet currently live with any other animals?

☐ Yes ☐ No

If yes, note species and describe any interactions permitted:

If yes, have they been tested for any diseases since this time? ☐ Yes ☐ No ☐ Unsure

If yes, describe:

Continued on next page

DIET AND WEIGHT

What foods does your pet eat? Please list names of commercial and prepared foods, and specific items (e.g. fresh mango)	
Commercial:	Prepared/Fresh:

List any supplements you provide to your pet (e.g. vitamins, powdered items, mineral blocks, oils)

What are your pet's favorite treats and preferred flavors?

Do you check your pet's weight on a regular basis?

☐ Yes ☐ No

If yes, what are the last 3 weights and dates?

Date: _____ Weight: _____

Date: _____ Weight: _____

Date: _____ Weight: _____

Continued on next page

ENCLOSURE (WHERE APPLICABLE) AND ENVIRONMENT

Type of enclosure ☐ N/A	Size in inches ☐ N/A
	Height: ☐ Width: ☐ Depth: ☐
Where is it located? (what room) ☐ N/A	**Substrates used ☐ N/A**
	How frequently is the substrate changed?
How frequently is it cleaned? ☐ N/A	**Type of disinfectant used ☐ N/A**
☐ Daily ☐ Every other day ☐ 2/week ☐ Weekly ☐ Monthly ☐ 2/month ☐ Other:	
Lighting	**Do you provide HEPA-type filtration for your pet?**
Access to unfiltered sunlight outdoors in the summer? ☐ Yes ☐ No What about artificial lights? If yes, list brand/model/type:	☐ Yes ☐ No If yes, list brand/model and square feet it covers:

Continued on next page

VETERINARY CARE

Has your pet had previous vet care?	If yes, what is the nature of the care your pet has received? (e.g. annual exams, grooming, illness) You can list details about illnesses on the next page.
☐ Yes ☐ No ☐ Unsure	

If yes, has your pet ever had any problems at a veterinary visit? If so, please describe.

Have you ever had to medicate your pet before?

☐ Yes ☐ No

If yes, how: ☐ Oral ☐ Topical ☐ Injections

How did it go? Any flavor preferences?

List any concerns you have regarding your pet or anything else you would like us to know

Continued on next page

Previous veterinary testing	Previous illnesses and treatment/outcome
CBC: ☐ Yes ☐ No Date: Results: **Chemistry**: ☐ Yes ☐ No Date: Results: **Fecal:** ☐ Yes ☐ No Date: Results: **Radiographs:** ☐ Yes ☐ No Date: Results: **Other:** (please list)	Date: Date: Date: Date: Date: Date: