

**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](mailto: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

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

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

**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:

## Fever



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.

## Cough



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

## Shortness of breath



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



[cdc.gov/coronavirus](https://cdc.gov/coronavirus)

# Avian & Exotic Veterinary Housecall Service, PLLC

Jaime Nalezny, D.V.M. | p: 612/520-1DVM | f: 800/975-1624 | [vet@aevhs.com](mailto:vet@aevhs.com)

## 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 bringing your pet to 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 or office with others. Therefore we are only seeing patients outside and allowing "curbside" drop off appointments with transition of patients into disinfected carriers for transport into our office for treatment; or as 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.

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 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 at the AEVHS office or having my pet seen by the staff of AEVHS. 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:

and believe the benefits outweigh the risk of contracting COVID-19.

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, COVID-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.

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Signature

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Date

# Avian & Exotic Veterinary Housecall Service, PLLC

Jaime Nalezny, D.V.M. | p: 612/520-1DVM | f: 800/975-1624 | [vet@aevhs.com](mailto:vet@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 morning 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.

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.

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

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

Jaime Nalezny, D.V.M. | p: 612/520-1DVM | f: 800/975-1624 | [vet@aevhs.com](mailto:vet@aevhs.com)

### FISH HISTORY INFORMATION

- 1) Your fish's name:
- 2) Your fish's species:
- 3) Your fish's sex:
- 4) Freshwater or marine?
- 5) Where did you obtain your fish?
  - a. How old was your fish when s/he was obtained?
  - b. Do you believe you know your fish's current age?
  - c. How long have you had your fish?
- 6) System
  - a. size in gallons:
  - b. Species in the system (all tanks sharing a common filter) affected:
  - c. Species not affected:
  - d. Any new intros to the tank, and if so- what species and when:
  - e. Number of fish in system
  - f. Average fish size in grams, cm:
  - g. Does your fish share a home with any other fish or other animals? If so, what species? If there are other animals in the home that are not within the aquaria, please list these as well and please describe any interactions allowed:
- 7) How long has your tank been set up
  - a. What is the temperature
  - b. What do you have to support life in the enclosure (i.e. filtration, oxygen, chillers, etc.)
- 8) What foods does your fish eat:
  - a. Trade/brand or Commercial names of prepared foods:
  - b. Supplements:
  - c. Fresh foods (please state type of food i.e. raspberries, not just "fruit"):
- 9) Do you provide any lighting or access to unfiltered sunlight outdoors in the summer?
- 10) Water source
  - a. Plumbing- metal or plastic or both?
  - b. Water appearance grossly (cloudy? Colored? Clear?)
  - c. History of water changes, routine maintenance, water quality testing and results historically (attach sheets if needed)
- 11) Water quality testing:
  - a. Dissolved oxygen in mg/L
  - b. Temp:
  - c. pH:
  - d. Ammonia in mg/L:
  - e. Nitrite in mg/L:
  - f. Chloride in mg/L:
  - g. Nitrate in mg/L:
  - h. Hardness in mg/L:
  - i. Alkalinity in mg/L:
  - j. Salinity in ppt:
  - k. *Please bring us current water samples*
- 12) Illness
  - a. Has your fish had any previous illnesses? If yes, please explain.
  - b. Any behavior changes noted along with concerns? If so, what?
  - c. When did your fish first show signs of illness?
  - d. When did the last fish show signs of illness?
  - e. Gill movement rate (normal/fast/slower)?
  - f. Appearance of the fish?

Please List Individual Pet Information On The Back Of This Form

## Avian & Exotic Veterinary Housecall Service, PLLC

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### FISH HISTORY INFORMATION

- g. Appetite of the affected fish?
  - h. Any other clinical signs?
  - i. Did any fish die after developing any concerns, when was the 1st loss?
  - j. If more than one fish died, how many died & when did the last fish die?
    - i. If a fish has died, have you preserved the fish? How, and for how long?
- 13) What previous veterinary care has s/he had? Please have any records faxed over to us at 800-975-1624 for our review prior to the appointment if any.
- a. What, if any, diseases has your fish been tested for?
  - b. Has your fish ever lived with any other fish, even at the last home or store?
    - i. If so, have you had him/her tested for any diseases since?
- 14) Do you have any additional concerns regarding your fish or system?