

# NOVEY ANIMAL HOSPITAL



**Welcomes You!**  
**Please Tell Us How You Chose Our Hospital**

I was referred by (Person's Name) \_\_\_\_\_

Or, please check one that applies:

I was previously a client of Dr. Novey or Dr. Winters or Dr. \_\_\_\_\_  
 Web Site / Facebook Page       Yellow Page Ad       Location Convenient  
 Other veterinary hospital: \_\_\_\_\_

## **Owner Information**

Name (Last,First) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_ E-mail Address \_\_\_\_\_

Spouse / Partner / Co-owner / Name \_\_\_\_\_ Cell Phone # \_\_\_\_\_

## **Pet Information**

Name \_\_\_\_\_ Date Of Birth \_\_\_\_\_ Dog \_\_\_ Cat \_\_\_ Other \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_ Sex \_\_\_\_\_ Neutered/Spayed? Yes / No

Date of Last Vaccinations \_\_\_\_\_

Where Were Vaccinations Given? \_\_\_\_\_

Name \_\_\_\_\_ Date Of Birth \_\_\_\_\_ Dog \_\_\_ Cat \_\_\_ Other \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_ Sex \_\_\_\_\_ Neutered/Spayed? Yes / No

Date of Last Vaccinations \_\_\_\_\_

Where Were Vaccinations Given? \_\_\_\_\_

Name \_\_\_\_\_ Date Of Birth \_\_\_\_\_ Dog \_\_\_ Cat \_\_\_ Other \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_ Sex \_\_\_\_\_ Neutered/Spayed? Yes / No

Date of Last Vaccinations \_\_\_\_\_

Where Were Vaccinations Given? \_\_\_\_\_

**Payment Is Due At The Time Of Services Are Rendered.**  
**We Accept Cash, Local Checks, and All Major Credit Cards**

**FOOD AND MEDICATION INFORMATION**

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

Pet Name: \_\_\_\_\_ Owner's Name: \_\_\_\_\_

Your pet's dietary and nutritional information is a vital part of their medical history. An accurate and thorough dietary history is needed for our medical staff to provide recommendations during times of healthy maintenance and is essential for accurately diagnosing and treating your pet in times of illness. **Please indicate with an "\*" symbol next to any diet, food or treat that has been started recently (within the last 30 days).**

**FOOD INFORMATION:**

Please list all food and treats you feed to your pet on a regular basis. For dry food, a "cup" measurement refers to a standard 8-oz. cup. Please specify if a larger serving cup is used and provide the estimated volume.

**Dry Food**

Brand of food(s)	Amount fed, in cups, each feeding	How many times fed per day (once, twice, etc...)

**Canned Food**

Brand of food(s)	Amount fed	How many times fed per day

**Human Food (table scraps, vegetables etc)**

Type of food	Amount given	How many times per day

**Treats**

Brand of treats	How many per day

**MEDICATION INFORMATION**

A detailed record of your pet’s prescribed and over-the-counter medications is essential for our medical staff. Our veterinarians will use this information to help guide any needed medical therapies and ensure that no drug interactions exist between medications that your pet may already be taking and medications that your pet may need to receive in the future.

Please list all your pet’s medications (prescribed by our veterinarians or another hospital) and dietary supplements (i.e.: glucosamine/chondroitin, Omega 3 oils, vitamins, etc...)

**Prescribed medications (by our veterinarians or another animal hospital)**

Medication name and strength (mg):	Amount given (# of pills, mls etc)	# Times given per day

**Dietary supplements (glucosamine / chondroitin, Omega 3 oils, vitamins, etc)**

Supplement name and strength (mg if provided)	Amount given (# of pills, mls etc)	# Times given per day

**Heartworm and flea prevention**

Brand Name:	# Times Given Per Month:	Date of Month Usually Given:

## NOVEY ANIMAL HOSPITAL RABIES INFORMATION

**Rabies is a fatal disease** to all animals that become infected and is spread by common local wildlife in our area such as bats, raccoons and foxes. People who are exposed to the Rabies virus require expensive, immediate and long term treatment, which does not guarantee survival or full recovery. If your pet is not vaccinated for Rabies, he/she could become infected with the Rabies Virus, thereby posing a threat to you, other people, and other animals. A rabies vaccination is required for all pets in the State of Florida. Leon County recognizes both the 1 year and the 3 year vaccine.

During your visits to our hospital, our staff will be handling and restraining your pet(s) in order to provide care and medication. In order to avoid injuries to you or your family, we ask that you trust us to do this without your assistance. We may feel it necessary to use towels, muzzles, gloves or even sedation to avoid injuries to our staff members or your pet.

In the rare event that a pet bites or scratches someone, please be aware of our legal obligations. **Novey Animal Hospital** will immediately notify **Leon County Animal Control** if any of the following scenarios occur:

- 1) You, a staff member, or any adult present are bitten by your pet.
- 2) You, a staff member, or any adult present are scratched in the face by your pet.
- 3) A child under 18 is scratched or bitten by your pet.

**Leon County Animal Control** will require that your pet be quarantined. They require that we file an incident report and disclose your name, address and phone numbers, as well as your pet's medical history. After the report is made, Animal Control will make a determination in regards to quarantine. The 10 day quarantine may be at your home, at Novey Animal Hospital, the Animal Shelter, or at any veterinary hospital. You will be responsible for any costs associated with boarding your overdue quarantined pet. You may also receive a citation and a fine from the county.

**Leon County Animal Control** allows a 20 day grace period from the date the Rabies vaccination is due. After that, your pet is considered **overdue** and may not qualify for "at-home" quarantine.

Please be assured that our experienced staff will use every precaution when handling your pet. We hope to make your visit here today as safe and stress-free as possible for you and your pet.

Please sign below to acknowledge that you understand this policy.

\_\_\_\_\_  
Signature of Pet Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Pet Name(s)