Pet Hospital Visit Appointment Card

A human hospital visit has been requested for a dog / cat [circle type] named ________________________________.

Dear Doctor:
Please verify, from this pet’s history and to the best of your knowledge, that this animal has been assessed by you and meets the following requirements:

- Over six months of age
- In good health
- Has not displayed any behaviors that would be a safety concern to others
- Free of apparent disease, fleas, ticks and has not had a previous positive stool test (if tested)
- Current on the following vaccines:

<table>
<thead>
<tr>
<th>Cat</th>
<th>Dog</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Feline distemper</td>
<td>□ Distemper</td>
</tr>
<tr>
<td>□ Feline calici virus</td>
<td>□ Parvovirus</td>
</tr>
<tr>
<td>□ Feline herpes virus type I (rhinotracheitis)</td>
<td>□ Adenovirus (canine hepatitis)</td>
</tr>
<tr>
<td>□ Rabies</td>
<td>□ Rabies</td>
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</tbody>
</table>

I agree all of the information above is true.

(Print name) ____________________________  (Veterinarian’s signature) ____________________________  (Date) ________________

Pet Visit Agreement

I agree, as the caregiver for this pet, that I am responsible to:

- Stay with the animal at all times and care for their needs.
- Keep my pet on a short leash (6 feet long or less) or in a pet crate at all times.
- Enter the building at the hospital lobby and take my pet directly to the Information Desk.
- Take my tagged pet directly to the patient’s room. My pet will not visit with other patients, visitors or other animals in the building.
- Allow a staff member, at any time, to look at my pet, leash and/or pet crate to be sure it is clean and the animal is feeling well.
- Notify a nurse or staff member immediately if any injury or accident occurs

My pet will be visiting __________________________ in room number _________ on ______________.

(Patient’s first name) __________________________  (Date) ________________

I have placed the tag provided by Concierge staff on my pet. ____________________________

(Signature of pet guardian)

9.15.2016 This certificate is valid for this hospitalization and expires six months from the date of the Veterinarian’s signature.