

Date of Annual Exam: \_\_\_\_\_



Norton County Hospital & Clinics  
Hospital Animal Visit Registry  
Veterinarian Record

## **Hospital Animal Visit Registry**

*This checklist must be completed by the infection prevention nurse or charge nurse (in the absence of the infection prevention nurse) **prior** to the animal visit:*

### **Visual Exam**

- Animal is a domestic animal and not a species that is excluded from visiting
  - Animal has not been a current resident of an animal shelter, pound or similar facility within the last 6 months.
  - Animal is at least a year old and date of birth documented by a vet (see form)
  - The animal is restrained with a non-retractable leash
  - Animal has been bathed within the last 24 hours?
- Yes: \_\_\_\_\_ No: \_\_\_\_\_. If not, animal is not allowed to visit until a bath has been completed.

### **Physical Exam**

- The animal has clean ears (inspect ears).
- The animal's nails are short and not rough or rigid
- The animal has no skin or wound conditions
- The animal is free of any communicable diseases or parasites
- The handler must be free from communicable diseases

### **Instructions**

- Instructions are provided that the animal is not to be left alone at any time during the visit
- Instructions are provided that the animal is not allowed in any area that processes food or clean linens.
- Instructions are provided that the animal is not allowed to be close to any patient, open or dressed, wounds
- Instructions are provided that if an animal is in or on a patient's bed, a barrier such as disposable cloth or towel must be placed between the animal's coat and the patient's linens and the barrier is removed and discarded at the end of the visit.
- Instructions are provided that the handler and patient must wash their hands or use hand sanitizer at the conclusion of the visit

### **Records**

- Vet record is included (see below)
- Records of animal's health are up-to-date and a copy is provided
- An annual vet exam has been completed and a copy is provided
- Animal is up-to-date on all vaccines
- The animal is on a flea control program and a copy is provided
- The handler must be up-to-date on all immunizations, including an annual influenza vaccine, and record provided

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**Description**

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

**1. Number and identification of animals:**

	<b>BREED</b>	<b>SEX</b>	<b>AGE</b>	<b>COLOR</b>
<b>1.</b>				
<b>2.</b>				
<b>3.</b>				
<b>4.</b>				

**Flea Control Program**

**Type of Flea Control:** \_\_\_\_\_

**Instructions for Administration:** \_\_\_\_\_

**Date Initiated:** \_\_\_\_\_ **Date Discontinued:** \_\_\_\_\_

**Reason for discontinuation of treatment:** \_\_\_\_\_

**Vaccination History**

**CANINE CORE**

**Rabies Vaccination:** \_\_\_\_\_ **Distemper:** \_\_\_\_\_ **Parovirus:** \_\_\_\_\_

**Canine Hepatitis:** \_\_\_\_\_

**CANINE OTHER**

**Adenovirus:** \_\_\_\_\_ **Parinfluenza:** \_\_\_\_\_ **Bordetella:** \_\_\_\_\_

**Lyme Disease:** \_\_\_\_\_ **Canine Influenza:** \_\_\_\_\_

**Borrelia burgdorferi:** \_\_\_\_\_ **Leptospira bacteria:** \_\_\_\_\_

**Other, please state type of vaccine and date of administration:**

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**FELINE CORE**

**Rabies Vaccination:** \_\_\_\_\_ **Feline Distemper:** \_\_\_\_\_

**Calicivirus:** \_\_\_\_\_ **Feline Herpesvirus:** \_\_\_\_\_

**FELINE OTHER**

**Feline Leukemia Virus:** \_\_\_\_\_ **Bordetella:** \_\_\_\_\_

**Chlamydomphila felis:** \_\_\_\_\_ **Feline immunodeficiency virus:** \_\_\_\_\_

**Other, please state type of vaccine and date of administration:**

\_\_\_\_\_  
\_\_\_\_\_

*(\*Please note, not all vaccinations may be not be applicable and not all vaccines may be required for animal visitation.)*

**VETRINARIAN ATTESTATION**

I, \_\_\_\_\_, the undersigned veterinarian attest to the following:

1. The animal(s) is in good health and free from communicable diseases or parasites.
2. The animal(s) is up-to-date on all vaccines.
3. A temperament test has been conducted and it is in my professional opinion that this animal may visit areas such as the hospital or clinic as part of the animal visitation policy and procedure (attached).
4. The animal(s) is on a flea control program. (If not, explain why:

\_\_\_\_\_ )

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name**

**Business Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Tele. No:** \_\_\_\_\_