

**Novoy Animal Hospital**  
**Canine Vaccination Consent Form**

At Novoy Animal Hospital we believe your pet's vaccination needs should be tailored to their specific lifestyle. Core vaccinations, as established by the American Veterinary Medical Association and numerous other veterinary associations, are vaccines that all dogs should receive.

Non-core vaccinations should be administered to your dog based on risk of exposure. As your medical team, we will tailor each of your pet's vaccination needs based on specific criteria. Please read and complete the form below so we may assess what vaccinations your dog needs.

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

**My Dog's Lifestyle Information** (please "x" each box that applies)

- Strictly indoor, never goes outside.
- Goes outdoors in an enclosed area, no raccoons, possums or other wild animals are seen.
- Goes outdoors in an area where raccoons and possums are seen.
- Comes into contact with a dog of unknown vaccination status.
- Attends obedience or agility classes, or competes in dog shows.
- Is dropped off at a vet's office, a groomer, or a boarding facility. Visits a dog park or a pet store.
- Walks through wooded areas where wildlife resides, or pasture land where cattle graze.
- Walks, hunts or does field trials through areas near water or wetlands.
- Has had a tick (live or dead) recently. (We recommend a test for tick-borne diseases.)
- Lives in an area where rattlesnakes are seen.
- Will be traveling out of the state. Where and when: \_\_\_\_\_

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**My Dog's Reactions To Vaccines or Medication** (please "x" each box that applies)

- My dog has had a reaction or possible reaction to vaccines in the past. (Please describe)  
\_\_\_\_\_  
\_\_\_\_\_
- My dog has a known intolerance/reaction to medication(s). (Please list drug name and side effects)  
\_\_\_\_\_  
\_\_\_\_\_

\*We administer the medication Firocoxib or Metacam with vaccinations in order to prevent inflammation and fever. Please let us know if your dog experiences vomiting or diarrhea following your vaccination visit. **(OVER ->)**

**Pet Name:** \_\_\_\_\_

**Vaccination Protocols:** ( Your veterinarian will circle recommendations)

<u>Protocol A</u>	<u>Protocol B</u>	<u>Protocol C</u>	<u>Addition</u>
Rabies	Rabies	Rabies	Lyme Vaccine
DHP/Parvo	DHP/Parvo	DHP/Parvo	Rattlesnake Vaccine
	Bordetella	Bordetella	
		Leptospirosis	

DHP/Parvo and Rabies vaccines can be given at 3 year intervals after initial boosters.  
Leptospirosis and Bordetella vaccines must be given every six to twelve months.  
Lyme vaccine must be given annually.

**Test Protocols:** (Your veterinarian will check recommendations)

- \_\_\_\_\_ Fecal Test: Recommended twice a year, to check for intestinal parasites.
- \_\_\_\_\_ Heartworm Test: Recommended annually to check for deadly heartworms, required to purchase Monthly Heartworm Preventative.
- \_\_\_\_\_ Heartworm/Ehrlichia/Anaplasma/Lyme Combo Test: Checks for tick-borne diseases, as well as Heartworms.

I have read and understand the above protocol recommended by my veterinarian.

I agree to notify my veterinarian if my pet's lifestyle changes.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

( For Veterinarian Only)

**Past Vaccine Reactions:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Known Drug Intolerances:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_