

## St. Francis Volunteer Therapeutic Pet Visitation Application

Date:

*If you plan to be a volunteer for pet therapy, please submit your volunteer application before submitting your pet's application.*

| PET HANDLER/OWNER'S INFORMATION  |  |                          |
|--|--|--------------------------|
| <b>1. OWNER'S NAME</b> (Last, First, Middle Initial)   | <b>2. TELEPHONE #</b> (Include Area Code)              |                          |
| <input style="width: 95%; height: 100%;" type="text"/>   | <input style="width: 95%; height: 100%;" type="text"/> |                          |
| <b>ADDRESS</b> (Number, Street, City, State, Zip Code)   |  |                          |
| <input style="width: 99%; height: 100%;" type="text"/>   |  |                          |
| PETS INFORMATION   |  |                          |
| <i>Please include a current photo of the pet with the application.</i>                                   |  |                          |
| <b>Pet's Name:</b>   | <b>Pet's Breed:</b>                                    |                          |
| <input style="width: 95%; height: 100%;" type="text"/>   | <input style="width: 95%; height: 100%;" type="text"/> |                          |
| <b>Age/Sex:</b>  | <b>Coloring:</b>                                       |                          |
| <input style="width: 95%; height: 100%;" type="text"/>   | <input style="width: 95%; height: 100%;" type="text"/> |                          |
| <b>Company therapy animal trained with</b> (i.e. Delta Society, Pet Partners, Pets for Life, Inc., ect.) | <b>Date Training Completed:</b>                        |                          |
| <input style="width: 95%; height: 100%;" type="text"/>   | <input style="width: 95%; height: 100%;" type="text"/> |                          |
| <b>How long have you owned this pet?</b>   |  |                          |
| <input style="width: 99%; height: 100%;" type="text"/>   |  |                          |
| <b>Has this pet done therapy visits before?</b>  |  |                          |
| <i>If yes where and when:</i>  |  |                          |
| <input style="width: 99%; height: 100%;" type="text"/>   |  |                          |
| <b>Please select the day(s) and time(s) you would like to complete Pet visits:</b>                       |  |                          |
| <b>Day</b>   | <b>AM</b>  | <b>PM</b>                |
| Monday   | <input type="checkbox"/>                               | <input type="checkbox"/> |
| Tuesday  | <input type="checkbox"/>                               | <input type="checkbox"/> |
| Wednesday  | <input type="checkbox"/>                               | <input type="checkbox"/> |
| Thursday   | <input type="checkbox"/>                               | <input type="checkbox"/> |
| Friday   | <input type="checkbox"/>                               | <input type="checkbox"/> |
| Saturday   | <input type="checkbox"/>                               | <input type="checkbox"/> |
| Sunday   | <input type="checkbox"/>                               | <input type="checkbox"/> |

# Veterinary Health Certificate

To be completed yearly

## PET OWNERS INFORMATION

OWNER'S NAME (Last, First, Middle Initial)

TELEPHONE # (Include Area Code)

ADDRESS (Number, Street, City, State, Zip Code)

## VETERINARIAN FACILITY

VETERINARIAN FACILITY NAME

FACILITY PHONE # (Include Area Code)

ADDRESS (Number, Street, City, State, Zip Code)

## ANIMAL INFORMATION

a. NAME:

c. SEX:

d. AGE:

e. NEUTERED/SPAYED:

f. PREDOMINATE BREED:

g. COLOR(S):

## IMMUNICATION

|                              | LOT #                | DATE OF VACCINATION  | VACCINATION EXPIRATION |
|------------------------------|----------------------|----------------------|------------------------|
| RABIES                       | <input type="text"/> | <input type="text"/> | <input type="text"/>   |
| DISTEMPERMENT                | <input type="text"/> | <input type="text"/> | <input type="text"/>   |
| FLEA & TICK (last dose date) | <input type="text"/> | <input type="text"/> | <input type="text"/>   |
| BORDETELLA                   | <input type="text"/> | <input type="text"/> | <input type="text"/>   |

## VETERINARIAN EXAMINATION

*This is to certify that the above-described animal has been examined by me on the date below and was found to be free of any apparent communicable disease. This animal appears to be in good health and behavior (clean, well-groomed, and free of fleas, worms and other disease. Nails are clipped, ears clean and free of any odor, eyes clean and have clean breath with teeth brushed)*

Notes from Vet:

NAME OF VETERINARIAN (Printed):

DATE (MM/DD/YYYY):

SIGNATURE:

## **Acknowledgement of Volunteer Therapeutic Animal Visit Guidelines**

I  (Pet handler/owner name, printed) have read and understand the following guidelines/Requirements.

### **Definition of Animals Not Appropriate for Visitation:**

Animals not appropriate and excluded for personal visitation include non-human primates (monkeys, chimpanzees, etc.) skunks, birds, mink, raccoons, and any poisonous animals. Additionally, rodents, exotic species, wild/domestic animals (wolf/dog hybrids) and wild animals whose behavior is unpredictable will be excluded from animal visitations. Reptiles and amphibians are also inappropriate and will be excluded from animal visitations.

### **Patient Privacy/Confidentiality:**

- Confidentiality is protected by what necessary information is made available to you: patient name, room number and religion.
- Let the Patient volunteer any information about themselves that they choose, but do not ask personal questions of them.
- As federal law protects patient information, it is a grave situation to disclose any information. Who you see here and what you hear here, stays here.

**Identification:** Always wear your name badge and volunteer uniform. When meeting patients or staff members identify yourself as a volunteer for pet therapy visits.

### **In the Patient's room:**

- Knock, if door is closed. On entering the room, say "Pet Therapy Volunteer." (Do not interrupt a bath, doctor's visit, etc.) Wait for response from the patient to come in to visit, before entering the room.
- A warm and friendly greeting is given. Say their name and ask, "[name], would you like to receive Pet Therapy today?"

**Schedule Changes:** Must be communicated to volunteer coordinators.

### **General Requirements:**

Hand hygiene regimens will be diligently observed. Patients/visitors/staff having contact with the animal will perform hand hygiene before and after completion of the animal visit. (Hand sanitizer will be issued to the handler to dispense)

### **Visitation Guidelines:**

1. A set schedule must be made of when and what units pet visits will occur. Please clock in/out at the viv-touch system in the lobby.
  - Visitation is not allowed in buddy rooms or isolation rooms, locked units including ICU, ER, NICU, PEDS
2. When arriving at a unit first check in at the nurse's station.
  - The patient's nurse and/or primary care practitioner must agree on the advisability and feasibility of an animal visit.
  - The service, therapeutic, or personal animal owner and/or handler will sign the "Liability disclaimer and Assumption of Responsibility for Injury or Damage" statement prior to the animal's visit. This document will be kept in the medical record.
3. The animal's handler will remain with the animal during the entire visit and assume all the animal's care.
4. Ideally, the visitation will occur within a private room. If this is not feasible, the roommate and their nurse must give permission for the visit. The animals are not to visit other patients or staff other than the patient they are preauthorized to visit.
5. Please remember that not all patients/staff or visitors are comfortable around visiting pets and handlers should always remain respectful.
6. Common hallways and areas must be kept open for patient/staff flow and for patient safety.
7. If the animal will be in contact with the patient's bedding, a protective barrier sheet should be provided for the animal to lie on. When the visit is complete, this sheet will be handled according to soiled linen policies. If a disposable sheet is used, it will be handled according to soiled trash policies.
8. Generally, the animal can be accommodated in all therapeutic areas of the hospital where other visitors are allowed. If health-care personnel, visitors, and patients are permitted to enter care areas (inpatient rooms, and public areas) without taking additional precautions to prevent transmission of infectious agents (donning gloves, gowns, or masks), a clean, healthy, well-behaved animal may be allowed access with its handler.
9. Similarly, if immunocompromised patients can receive visitors without using protective garments or equipment, therapeutic animals or personal pets may be allowed access with its handler.

### **General Pet Guidelines:**

1. Visiting animals are expected to be clean, well-groomed, and free of fleas, worms and other disease. Nails are clipped, ears clean and free of any odor, eyes clean and have clean breath with teeth brushed.
2. The animals will have been bathed within twenty-four hours prior to the visit. (This reduces the allergen load potentially transmitted by the animal into the environment).
3. All visiting animals must have a health certificate from a veterinarian certifying that the animal is healthy and that all immunizations are current, and that the animal has received appropriate prophylactic treatment for parasites, including fleas, ticks, and helminths.

4. The animal should have no sutures, open wounds, or obvious dermatologic lesions that could be associated with bacterial, fungal, or viral infections or parasitic infestations.
5. The animal should be at least one year of age and be well controlled. They will be caged or leashed with their handler at all times during their entire visit and not fed or watered during the visit.
6. Animals who exhibit loud barking or exhibit aggressive tendencies such as scratching, growling or biting will not be permitted.

1) **Environmental Services:**

- a) If animal waste occurs, hospital staff will provide the animal's handler with the necessary supplies to dispose of it and to complete the clean-up procedure. These will include gloves, plastic bags, and a germicidal cleanser for the floor.
- b) Following a visit, the area will be cleaned using standard processes.
- c) Patients and staff with potential contact with animals are screened for known allergic reactions to the specific animal. Patients with known or possible allergies to an animal are protected from exposure through physical separation. Staff allergic to specific animals are temporarily reassigned to prevent exposure.

Signature of pet owner

Date

**PET VISITATION POLICY**

**LIABILITY DISCLAIMER AND ASSUMPTION OF RESPONSIBILITY FOR INJURY OR DAMAGE**

The hospital recognizes the therapeutic benefit of animal assisted therapy and family-owned pet visitation as an adjunct to conventional medical care. While we welcome your service animal or family-owned pet on the premises, our primary concern is for the safety and well-being of all patients, staff, and visitors.

I agree that the patient, or the pet handler, is the legal owner of the service animal or family-owned pet identified below. I agree to follow all terms and conditions of the Pet Visitation Policy. I agree to maintain control of the animal at all times and assume full and absolute responsibility for all property damages and personal injury caused by or contributed to by the identified service animal or family-owned pet. I agree to indemnify and defend the hospital for all claims caused by or contributed to by the identified service animal or family-owned pet.

The hospital reserves the right to remove any animal, including service animals, if we feel that the identified service animal or family-owned pet is not suitable for the hospital environment, or if it exhibits behavioral concerns. I understand that each visitation is evaluated individually. If asked, I will remove the identified service animal or family-owned pet from the hospital premises immediately.

**Identification of Service Animal or Family-Owned Pet**

**Service Animal or Family-Owned Pet Handler**

**Visitation schedule**

**Hospital Staff Member**