



Pet Visitation Form

The Center for Human-Animal Interaction will organize the pet visitation. It is the responsibility of the nurse manager to oversee adherence to all procedures and obtain necessary approvals for the visit.

Please fax to (804) 628-0619 or scan and email to chai@vcuhealth.org.

Patient Information

Name: _____

Phone: _____

Medical Record Number: _____

Attending Physician: _____

Nurse Care Manager: _____

Handler Information

Name: _____

Phone: _____

Email: _____

Address: _____

Birthday: _____

Pet Information

Name: _____

Breed: _____

Size: Small (2-22 lbs.) Medium (24-57 lbs.) Large (59-99 lbs.) Giant (100+ lbs.)

Please include a receipt of the following from your veterinarian, or have them fax a record of immunization to (804) 628-0619 or scan and send to chai@vcuhealth.org.

Date annual wellness exam performed: _____

Date Bordetella vaccination performed: _____

Date Distemper vaccination performed: _____

Date Parvovirus vaccination performed: _____

Date Rabies vaccination performed: _____

Is pet on flea/tick prevention (not within last 24 hours): Yes No

Veterinarian Information

Name: _____

Address: _____

Phone: _____

I certify the above information is correct and I believe the dog to be healthy, meeting all requirements of the Center for Human-Animal Interaction procedures for pet visitation. I understand I am responsible for arranging the pet transportation, visitation, and supervision in accordance with the Instructions for Visitation by Patient's Pet guidelines given to me.

Handler Signature

Date

Instructions for Visitation by Patient's Pet

General Description:

Purpose: To accommodate the entry, presence, and visitation of patients' companion animals in the VCU Health System (VCUHS)

Background: This policy will allow for the provision of personal companion animals (pets) to visit while reducing a variety of risks including, but not limited to: injuries and exposing patients, team members, and visitors to communicable diseases that might be transmitted from contact with animals.

Scope: The scope of this policy addresses the circumstance when a patient's personal pet is allowed to come inside VCUHS buildings to visit solely with the patient. This does not apply to service animals, which are covered under the Americans with Disabilities Act, nor to those dogs visiting under the Center for Human-Animal Interaction Dogs on Call program.

Responsibility: Care Providers
Epidemiology
Risk Management

Procedures

The following procedures are in place to ensure the safety of the patient(s), the pet, visitors, and team members:

- A. A written order by the patient's attending physician authorizing the visit in the patient's medical record *before* the visit may be arranged.
- B. An adult (18+ years old) who is capable of safely and humanely handling the pet must arrange and coordinate the visit with unit staff.
- C. The handler must provide documentation to the unit nurse manager (or their designee) that the pet is up-to-date on bordetella, distemper, parvovirus, and rabies vaccinations. Pet must also be on flea and tick treatment (not to be applied within 24 hours of visit).
- D. The pet must be free of illness and/or infection, wounds, or sores. Any pet displaying symptoms of illness must be removed from hospital premises immediately.
- E. The pet must be clean and bathed within 24 hours before the visit.
- F. The pet must be brought into VCUHS in a closed pet-appropriate carrier that can be carried or wheeled on a cart or on rollers, but the animal is not allowed to walk into VCUHS. Special permission must be obtained from the unit Nurse Manager (or their designee) to bring the animal in on a leash.

- G. Retractable leashes, prong collars, choke chains/collars, and shock collars are all prohibited in VCUHS.
- H. The pet is not allowed to interact with any person other than the patient and the designated handler while on VCUHS premises.
- I. If a patient's roommate objects to the pet's visit, an alternate visiting location may be used if available and approved by the nurse manager (or their designee). If an alternate location cannot be arranged the visit may not take place.
- J. While in the room or designated visiting location, the pet must be leashed and under the handler's control at all times.
- K. If the pet becomes disruptive, the handler must promptly remove the pet from the VCUHS premises.
- L. Pets may only be placed on a patient's bed with the approval of the patient's nurse and/or physician. When such permission is given, a towel or sheet must be placed between the pet and the patient's bedding.
- M. Handlers must make sure that physical contact does not occur between the pet and any open wounds or intravenous therapy sites and both the patient and handler must wash their hands before and after the visit.
- N. Anyone having physical contact with the pet must immediately wash their hands. Alcohol-based hand sanitizer is recommended.
- O. Pets should be taken to grassy areas outdoors for elimination purposes prior to, and following, the visit. Handlers are responsible for bagging and appropriately discarding solid waste.
- P. Any pet excrement found within the VCUHS facilities is to be cleaned, bagged, and appropriately discarded by the handler. VCUHS staff should be notified immediately to disinfect the area.
- Q. Patient pet visitation is a privilege that VCUHS may discontinue at any time without warning or stated reason.

*Staff should document on the Patient Education Record that this handout has been reviewed with the patient and the pet handler, and they have demonstrated understanding of the above instructions.

I certify that I have reviewed the above information and understand I am responsible for assisting the pet handler in arranging the pet transportation, visitation, and care as per the Instructions for Visitation by Patient's Pet guidelines above. In addition, I certify that I have reviewed all necessary procedures with the patient and pet handler.

Nurse Manager Name (please print)

Nurse Manager Signature

Date

Scheduled Visit Information

Date: _____

Time: _____