

Volunteer Therapeutic Visitation Dogs Credentials Checklist
(Checklist to be updated annually)

Check when completed

___ Dog has been certified (registered) by a nationally recognized volunteer therapeutic visitation dog program. Copy of certification document presented and on file.

___ A current membership in a Nationally recognized Therapy Dog Association.

___ Handler of the dog has been accepted as a volunteer for the facility.

___ Dog has been screened for general health, required vaccinations and behavior.

___ Current health screening on file

___ Current vaccination record on file

___ Current behavioral examination document on file

___ Dog has a veterinarian-client-patient relationship with a doctor who is currently licensed in the State of Kansas

Reviewed by: _____ Date _____

Therapy Dog Visitation

Handler Agreement

While visiting patient rooms the handler agrees to the following:

Carry a copy of the facility "Approval for Therapy Dog visitation within the hospital" form while visiting.

Bathe dog within 24 hours of visit

Keep the scheduled assigned hours with no visiting during meal time

Keep dog on a leash at all times and to the edge of the hallway during each visit

Check in at the nurse's station before beginning visit

Do Not visit in rooms with posted isolation precautions

Knock before entering a room and wait for an invitation to enter before going in.

If dog is allowed in the bed, place a barrier between the patient's linen and the animal's coat. This can be in the form of a towel or a sheet.

Never leave the animal alone with the patient.

at the end of each visit, remove the barrier from the bed, placing it in the laundry hamper and provided the patient a means of hand hygiene.

Report any problems resulting from the visit to the nursing staff.

Handler's Signature

Date

Approval for Therapy Dog visitation within the hospital

___ All health and behavior requirements are completed and documents on file

___ Handler is aware that they may be asked to leave with the animal at any time and agrees

___ Handler is aware that the animal is prohibited in the following areas:

- Cafeteria
- Food preparation area
- Clean/Sterile supply storage
- Operation room, labor/delivery room
- Recovery room

Permission has been given to _____ to bring the follow Therapy

(Print Name)

Dog into the hospital for the sole purpose of visiting.

Type of dog: _____

Name of dog: _____

Approval given by: _____

Infection Control manager

Date