



Capital Health

Infection Prevention and Control

**IPAC Authorization for Pet Visitation**

Requested by Doctor: \_\_\_\_\_ Date: \_\_\_\_\_

Patient: \_\_\_\_\_ HUN: \_\_\_\_\_ Unit: \_\_\_\_\_ Rm.#: \_\_\_\_\_

Pet: \_\_\_\_\_ Breed: \_\_\_\_\_ Name of Handler: \_\_\_\_\_

The Infection Prevention & Control Department (IPAC) has reviewed this request, discussed visitation with the owner/handler and approved pet visitation. The pet will be controlled during transport, in an enclosed pet carrier or on a leash (muzzle if required). The handler will transport the pet directly to and from the entrance nearest to the nursing unit being visited and has agreed to:

- contact the nursing unit immediately before visiting for clearance to visit
- toilet the pet prior to visiting
- control the pet at all times during the visit
- use the stairs if elevators are crowded or wait for next elevator
- ask, before entering elevator, if others are allergic or mind the pet boarding
- advise staff, patients, and visitors not to handle the pet
- take responsibility for clean-up of all toileting accidents
- follow the direction of staff regarding length of visit and leave when requested

The pet is under the regular care of a veterinarian and is in good health. The pet handler/owner takes full responsibility for any injury and/or property damage caused by the pet or their visit.

Handler/Owner: \_\_\_\_\_ Tel: \_\_\_\_\_

The handler/owner agrees to the above stated requirements.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

***Copy to Handler - Original on patient chart***

