



Capital Health

Infection Prevention and Control

**Request for Authorization of Pet Visitation**

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

The undersigned physician requests Capital Health consider allowing pet visitation for the above patient on compassionate grounds.

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

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

***Fax to IPAC at 473-4380 - Original on patient chart***

