

☐ MHS AH ☐ MHS CH ☐ MHS VMC ☐ MH CH**APPENDIX A****AGREEMENT/INSTRUCTIONS FOR PET (DOG/CAT) VISITATION****To be completed by person responsible for the animal.**

1. I _____ (Adult visitor escorting pet) will assume all responsibility of the pet including toileting and cleaning up after any accidents.
2. I attest that the pet/animal is healthy and up to date on all vaccinations.
3. I have bathed and brushed the animal/pet no more than 24 hours prior to visit and confirm that he/she is free of fleas and ticks.
4. I understand that the pet must be well behaved and that if any aggressive or threatening behavior occurs, immediate removal of the pet will be mandated.
5. I verify that the pet will be either neutered/ spayed or not in heat.
6. I understand that the pet must have a leash or cage in public areas and shedding hair must be covered.
7. I understand that pets are only allowed to visit patient in their room or assigned area.
8. I understand that the animal should never come in contact with medical equipment or devices or the patient's open skin or wounds through smelling, touching or licking.
9. I understand that pet visits should be limited to 30 minutes, however, the hospital reserves the right to shorten said visit.
10. The hospital also reserves the right to deny a pet visit due to change in patient condition or unacceptability of pet.
11. I substantiate that the pet is not vicious or dangerous.
12. I agree to comply with appropriate hand hygiene, which must be done before entering patient's room and when leaving the patient's room.

I attest that all of the above information is correct to the best of my knowledge and agree to abide by all rules and instructions provided by Mercy Health.

Visitor Signature _____ Date _____

Printed Name _____ Phone # _____

Patient's Name _____