

ST. JOHN'S HOME  
ANIMAL AUTHORIZATION REGISTRATION FORM

Owner's Name: \_\_\_\_\_ Home Address: \_\_\_\_\_  
 Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ Workplace Address: \_\_\_\_\_  
 Pet's Name: \_\_\_\_\_ Type of Pet: \_\_\_\_\_  
 Age of Pet: \_\_\_\_\_

( ) family/visitor      ( ) Staff \_\_\_\_\_ Dept.      ( ) Volunteer

Veterinarian: \_\_\_\_\_  
 Office Address: \_\_\_\_\_  
 Office Phone: \_\_\_\_\_

Veterinarian Examination included (check all that apply)

<input type="checkbox"/> Rabies	<input type="checkbox"/> Parovirus	<input type="checkbox"/> Inspection of Nails	<input type="checkbox"/> Inspection of Mouth
<input type="checkbox"/> DHL	<input type="checkbox"/> Corona	<input type="checkbox"/> Inspection of Coat	<input type="checkbox"/> Inspection of Teeth
<input type="checkbox"/> Parainfluenza	<input type="checkbox"/> Heart Rate	<input type="checkbox"/> Inspection of Skin	<input type="checkbox"/> Inspection of Grooming
<input type="checkbox"/> Bordatella	<input type="checkbox"/> Respiration	<input type="checkbox"/> Inspection of Ears	

Comments: \_\_\_\_\_

PERSONALITY PROFILE (please circle and comment)

Pain Threshold:                      low                      medium/average                      high  
 Comments: \_\_\_\_\_

Cooperation Level:                      low                      medium/average                      high  
 Comments: \_\_\_\_\_

Ability to behave in unfamiliar environments:  
 Comments:                      low                      medium/average                      high  
 \_\_\_\_\_

Energy Level:                      low                      medium/average                      high  
 Comments: \_\_\_\_\_

Anxiety Level:                      low                      medium/average                      high  
 Comments: \_\_\_\_\_

Friendliness Level:                      low                      medium/average                      high  
 Comments: \_\_\_\_\_

WOULD YOU RECOMMEND THIS ANIMAL TO BE USED FOR PET-FACILITATED THERAPY: YES NO

Overall Comments \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Veterinarian's Signature

\*PLEASE RETURN COMPLETED FORMS TO THE THERAPEUTIC RECREATION DEPT.  
AT ST. JOHN'S HOME

4/02

St. John's Home  
Guidelines for Visiting Pets

With the recognition that animals can enhance the quality of life for residents in long term care communities the following guidelines have been developed in accordance with the New York State Department of Health, Bureau of Long Term Care Services. These guidelines were developed to provide for the safety and pleasure of residents and pets. The monitoring of these guidelines will be the responsibility of each Department Director/Supervisor along with any other individual guidelines determines.

Minimum Guidelines Regarding Visiting Pets In The Home:

1. The pet owner shall notify the nursing facility prior to the first visit and when any change in future visitation times will occur.
  - a. Staff pet owner shall notify their supervisor
  - b. Family pet owner shall notify the nurse manager
  - c. Volunteer pet owner shall notify the Volunteer Coordinator
2. The pet owner shall provide written documentation of current vaccinations with name and telephone number of attending veterinarian in advance of the initial visit. Use the Home's Animal Authorization Registration Form (AARF) attached. With completion of form, it shall be filed with the Therapeutic Recreation office and a copy will be kept on file in the Protective Services office.
3. The animals must be clean, properly groomed and healthy; visitation will not be permitted if the animal is sick, vomiting, flea and tick infested, or has diarrhea or open sores.
4. The pet owner will be responsible for his/her pet's behavior (i.e., barking, growling, running, jumping, biting, aggressiveness, hyperactivity).
5. The pet owner shall be responsible for cleaning up any mess attributed to the animal, including elimination on the property. The garden and courtyard areas are not suitable areas for animal elimination.
6. The animal shall be on a leash and/or in a cage at all times and cannot be left unattended unless approved by staff member's supervisor.
7. Animals will not be permitted in any dining areas during meals or in food prep areas or laundry areas at any time.
8. If a facility has its own pets, a procedure must be in place that prepares these pets for other visiting pets. When other animals are visiting the unit, they will be kept away from other visiting pets unless under supervision as appropriate.

9. The facility must ensure that residents have the right to not participate with the pet and a statement to accommodate the needs of residents who are allergic shall be developed.

Other suggested guidelines:

- Update the Animal Authorization Registration Form annually
- Pets shall be able to respond to owners commands, i.e., come, stay, heel
- Pets shall be screened to determine predictability in situations where there may be sudden noises, crying, etc.
- Pets should have proper exercise and time out from residents involvement and a designated place outside the facility to defecate (for dogs)
- Pets are considered working and a program description shall be developed to show benefits to residents.

4/02

## ST. JOHN'S HOME

### Visiting Animal Release Form

It is recognized that animals can enhance the quality of life for residents who choose to be with them. For that reason, we have developed the following form for ensuring that appropriate precautions are taken when individuals (relatives, friends, staff, volunteers) bring in their animals.

I understand that animal visitation at St. John's Home, inside and outside is not without risk of damage or injury to people, property or other animals. I hereby waive and release St. John's Home from any and all liability of any nature regarding these visits and indemnify St. John's Home for any and all damages and liability caused thereby. I further take responsibility for and certify that:

1. The visiting animal(s) has updated vaccinations with certification from a veterinarian. (If needed St. John's Home has an Animal Authorization Registration Form (AARF) that can be used by veterinarians before the next visit.
2. The visiting animal(s) is healthy and free of disease and fleas at the time of the visit.
3. The visiting animal(s) will be leashed or in cages or otherwise in control by the responsible party.
4. As the animal's owner or responsible party, I will be responsible for the animal's behavior, i.e. growling, barking, hyperactivity, etc.

5. As the animal's owner or responsible party, I will be responsible for cleaning up any mess attributed to the animal, including eliminating on the property. (Do not use courtyard or garden areas for elimination)
6. The visiting animal(s) will not be permitted in dining room areas during meals, in food prep. Or laundry areas at any time.
7. As the animal's owner or responsible party, I will respect the fact that not all people are comfortable with animals and some may have allergies with regard to animals. All residents have the right to not be exposed to visiting animals.
8. As the animal's owner or responsible party, **I will renew the Animal Authorization Form annually** to ensure up-to-date health.

\_\_\_\_\_

Signature of Pet Owner or Responsible Party

Date

\_\_\_\_\_

Print Name

Check as appropriate:

family/visitor

Staff \_\_\_\_\_ Dept.

Volunteer

Supervisor's

Signature \_\_\_\_\_

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