PET GUIDELINE AGREEMENT

Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m)].

Volunteer Name: ____________________________________________

Pet’s Name: ______________________________________________

Breed: ___________________________________________________

My pet is up-to-date with all vaccinations:  □ Yes  □ No

A copy of my pet’s current vaccinations has been given to the Volunteer Coordinator and will be attached to this form:  □ Yes  □ No

As the owner of the above said animal, I understand and agree to the following:

• The home-like enjoyment that a pet brings to a facility cannot overshadow the clinical needs for some formal policies and procedures to protect Resident’s health and safety. Pet visits are recognized as a therapeutic intervention for the Members of the Wisconsin Veterans Home.

• Only clean, healthy pets that are up-to-date with all immunizations are allowed to be brought onto Wisconsin Veterans Home (WVH) property. I will provide the Volunteer Coordinator with proof of my animal’s vaccinations.

• I must accompany my pet at all times and keep my pet appropriately secured, leashed, or caged and controlled at all times.

• My pet is not allowed in areas where food is being prepared, served or stored.

• My pet is not allowed on furniture in the common areas of the facility and may only be allowed on furniture in Members’ rooms at the discretion of the Member.

• In order to bring an exotic pet (anything other than a dog, cat or rabbit) to the WVH, I must have advanced approval by Administration (Activity Director, Volunteer Coordinator, Deputy Commandant or Nursing Supervisor) during regular business hours.

• My pet must be properly housebroken and I will be responsible for providing all clean-up materials and disposal of waste in outdoor receptacles.

• If my pet becomes stressed or unruly, or procedures are not being followed, I will be asked to leave the WVH grounds.

• During my visit I will respect the rights of Members who are uninterested in or afraid of animals.

Volunteer Signature: ____________________________ Date: ____________

Volunteer Coordinator Signature: ____________________________ Date: ____________