



## LETTER OF AGREEMENT FOR PET DOG VISITS

As a visitor bringing in a dog to visit a resident/patient at the Gurwin Jewish Nursing & Rehabilitation Center, I understand and agree to adhere to the following facility rules and procedures:

- Prior to the visit, I will submit to the Therapeutic Recreation Department the most recent medical and vaccination history on an official letterhead from the dog's veterinarian.
- If the dog is ill, I will not bring the pet to the facility.
- I understand and agree to sign in as a visitor and announce that I am in the facility with a pet. I will wait until the receptionist checks my information on file.
- I agree to keep my visiting dog on a short leash at all times. If my dog is brought in a carry bag, I understand that it must remain in such until I reach the resident's/patient's room. I understand that my pet is not allowed on any facility furniture.
- I understand that in the event the roommate of the resident receiving the pet visit is fearful, allergic or against the visit, the pet visit will take place in an alternate area.
- I understand that visiting pets will not be permitted in areas where food is prepared, nor are they allowed in rooms during food distribution/consumption. At no time will visiting pets be allowed on resident's/patient's beds, in the laundry area, utensil storage or food preparation areas.
- I understand that cleaning of soiling from pets, both inside and outside the building, is my responsibility. I understand that supplies and disinfectant for soiling caused by the pet is my responsibility and that after I clean and disinfect the area, I will notify the charge nurse of such soiling.
- I agree to refrain from having other residents/patients pet the dog since the animal's behavior might change towards unfamiliar people.
- I agree to have the resident/patient wash their hands or use a hand sanitizer when the pet therapy visit is over.

\_\_\_\_\_  
Print Your Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Daytime phone (home)

\_\_\_\_\_  
Cell phone

\_\_\_\_\_  
Resident / Patient Name

\_\_\_\_\_  
Room Number

\_\_\_\_\_  
Pet's Name

\_\_\_\_\_  
Breed