

Information Form for Staff Animal

(All information must be completed and all requirements must be met *before* animal enters facility.)

Today's date: _____

Owner's name: _____ Handler's name (if different): _____

Phone #: (____)____ - _____ E-Mail: _____

Address: _____

City: _____ State: _____ Zip code: _____

Animal's name: _____

Type of animal: _____

Breed: _____ Age: _____

Color/markings: _____

Sex: M F Neutered: Yes No

If pet is a registered therapy animal, please list registering organization (such as Delta Society Pet Partners®, Therapy Dogs International, Therapy Dogs Inc.): _____

Registration #: _____

Date registration expires: _____

If you have not registered your pet with this type of organization, do you plan to do so in the near future? Yes No

Is pet examined regularly by a veterinarian? Yes No

How often? _____

Name of veterinarian/clinic: _____

Phone # of veterinarian/clinic: (____)____ - _____

To all staff members who wish to bring in a pet:

Please carefully read the statement on the next page and then sign it if you agree to the terms. If your pet does not conform ***in any way*** to all standards specified in this statement, it ***may not*** visit the building or anywhere on the grounds of this facility. We appreciate your cooperation in providing this information regarding your companion animal.

Staff Member Statement About Visiting Companion Animal

I, _____, the owner of _____ (animal's name), agree to all of the following statements:

I have provided a health certificate signed by a licensed veterinarian indicating that _____ (animal's name) is in good health and has received appropriate vaccinations as specified by my veterinarian. I understand that I must provide the facility with proof of current rabies vaccination (in the case of a dog or a cat), before I will be allowed to bring my pet on visits.

I understand that any type of pet other than a dog or cat must have specific approval from the animal coordinator, activities director, or other designated staff member before being allowed to visit. My pet is healthy, housebroken (in the case of a dog or a cat), clean, well groomed, free of strong odors, and does not have external parasites such as ticks or fleas. The pet will not be wearing a flea collar during visits to the facility. I will not bring the pet to visit the facility if it is in estrus (heat) or seems to be feeling ill.

I understand that the pet ***must be on-leash (if a dog), in a carrier, or otherwise under my control and supervision at all times*** when visiting in this facility or on the facility grounds.

I understand that animals should not enter areas where food is being prepared or served. I understand that I am responsible and liable for my pet's behavior while visiting the facility. Finally, I agree to sign in and record all required information in the pet registration book at the front desk at the beginning and end of every visit.

Staff member's name (print): _____

Signature: _____ Date: _____