

UF Health Personal Pet Visitation

We know that many patients miss their pets while they are in the hospital. We are happy to assist in facilitating personal pet visits. While you are in the hospital, please make sure to abide by the following hospital policies and procedures.

1. Obtain approval for the dog visit from the patient's nurse or doctor prior to the visit (Volunteer Services will also notify the nurse or doctor as to the date & time of your pet visit). If the patient has a roommate, obtain consent from the roommate as well.
2. Personal pet visits will not be allowed for patients who are immunocompromised or are on precautions.
3. Provide Volunteer Services with vaccination records for the pet (this can be done in person, emailed to volsvcs@shands.ufl.edu or faxed to our office at 352.265.0560.)
4. Ensure that the pet has been bathed within 24 hours prior to entering the hospital.
5. Make sure that the pet visits *only* his/her owner and does not enter any other patient's rooms.
6. Remain with and be responsible for the dog at all times during the visit.
7. Personal Pet Visitation hours are 9 a.m. - 9 p.m.; overnight visits are not permitted.

PERSONAL PET VISIT APPLICATION

PERSON ESCORTING PET INFORMATION

Full Name _____ Date _____

Address _____
Street Address/Apartment/Unit # City/State/ZIP code

Home Phone: (____) _____ Cell Phone: (____) _____

PATIENT'S INFORMATION

Full Name _____

Patient's Room Number _____ Date(s) of Request for Visit _____

Animal's Information: Pet's Name _____ Age _____

Breed _____ Date of Last Examination _____

- How long have you owned the pet? _____
- Does the dog have any open cuts or coughing? No Yes, describe _____
- Is your dog under control with people around? Yes No
- Has your dog ever shown signs of aggression? Yes No

COMPLETED BY VOLUNTEER SERVICES STAFF

Vaccination Records Received: _____ Date _____

Patient's Nurse or Physician Approval: Name _____ Date _____

Security Notified: Name _____ Date _____

Visitation Approved By: Name _____ Date _____

Visitation Date(s) _____