

Therapeutic Dog in the Health Care Setting Acknowledgment

AHN provides therapeutic recreation to patients to enhance physical, emotional, and social well-being through the Therapeutic Dog program at some AHN sites. Only certified therapy dogs who are part of the AHN Therapeutic Dog certification program are approved to participate.

Therapeutic Dogs are permitted to accompany their handler to areas of the health care facility in compliance with the Therapeutic Dog Policy. Restricted areas may include, but are not limited to isolation rooms, operating rooms, and other high risk areas.

Therapeutic Dogs must have current vaccinations against rabies, distemper, leptospirosis, and parvovirus; must have an annual examination by a licensed veterinarian; and be without contagious disease or significant health problems. Therapeutic Dogs must have current certification from an approved certifying agency and must wear rabies vaccination and license tags.

Therapeutic Dogs must be bathed and groomed either on the day of their scheduled visit or the day immediately prior to the visit.

Therapeutic Dog handlers must maintain control of their dogs at all times. Dogs must be on a leash. Dogs must not be left alone or unattended. Dog handlers must assume responsibility for their pet's clean up, as necessary, and must carry a supply of plastic bags with them at all times.

Therapeutic Dog visits may be made only to patients approved by nursing/rehabilitation staff.

Administration/Nursing/Infection Prevention reserves the right to deny access to or require the removal of a Therapeutic Dog in the following situations:

- Dog is unruly or disruptive (jumping, biting, or other harmful or unsafe behavior).
- Non-compliance with area restrictions.
- Dog does not have current agency certification and/or vaccinations and veterinarian certification of health.
- Dog has not been bathed and groomed prior to visit.
- Care and supervision of the dog cannot be provided independently by the handler.
- Unapproved visits to patients.
- Non-compliance with local city ordinance.

I have read and understand the above information:

Printed Name of Therapy Dog Handler/Volunteer

Signature of Therapy Dog Handler/Volunteer

Date

Printed Name of Witness

Signature of Witness

Date