

VISITING PET AUTHORIZATION FORM

| | | | | Date | | |
|-----------------------|-------------|-----------------|------------------------|---------------|-----------------------|----------------|
| Pet Owner's Last Name | | | Pet Owner's First name | | | |
| Pet Owner's Addre | ess | | | | | |
| Pet Owner's Emai | l: | | | | Pet Owner | 's Telephone # |
| Pet Information: | Dog | Cat | Pet Name: | | | |
| Breed | Colour | Sex | : | Age of Animal | City License | # |
| Purpose of Visit: | □ Registere | d Pet Therap | y Animal | | Personal Visit with F | Resident |
| | A volunte | er social-recre | eation pet visitin | ng program | ☐ Resident is the Own | er of the Pet |
| Pet Immunization | Dog | | | Cat | | |

| Pet immunization | Dog | | Cat | | | |
|------------------|------|---------|------------------------------------|------|---------|--|
| Record | | | | | | |
| Name of Vaccine | Date | Initial | Name of Vaccine | Date | Initial | |
| Rabies-core | | | Rabies-core | | | |
| Distemper-core | | | Rhino/Calici-core | | | |
| Adeno-flu-core | | | Chlamydia-core | | | |
| Parvo-core | | | F.I.P (Peritonitis)-core | | | |
| Lepto * | | | S.V.R.C.P (upper respiratory)-core | | | |
| Bordetella * | | | | | | |

Vaccinations marked with an * (asterisk) are not mandatory. Bordetella is mandatory if animal is boarded at a kennel.

| The animal is following a flea prevention program | □ Yes | 🗆 No |
|---|-------|------|
| Proof of Immunization Record attached | □ Yes | 🗆 No |



Continued on next page



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| Pet Owner Responsibilities and Pet Owner Agrees that: | | | | | |
|--|--|--|--|--|--|
| -The pet owner has read and signed the Trinity Village Visiting Pet Policy | | | | | |
| he pet owner will follow the infection control guidelines outlined in the Trinity Village Visiting Pet Policy | | | | | |
| The pet will receive annual health check-ups and immunizations will be maintained in accordance with prevailing veterinary | | | | | |
| practices | | | | | |
| -The pet will follow a flea prevention program | | | | | |
| -The pet will remain on a leash an in control at the owners' side, when traveling through common areas of the home when visiting | | | | | |
| -On an ongoing basis, the owner will make available proof of immunization on an annual basis to the home | | | | | |
| -The pet is not permitted in any food and medication preparation areas including but not limited to kitchen, serveries, dining rooms | | | | | |
| and med rooms. | | | | | |
| -The owner will be responsible for clean up of any accidents and debris left by the pet (i.e urinating, vomiting, defecating) while in | | | | | |
| the home and or on the property. | | | | | |
| -The owner will not visit with the pet of the pet is showing any signs of illness including but not limited to diarrhea, vomiting and skin | | | | | |
| infections | | | | | |
| -The owner will not bring the pet in for a visit during an outbreak or as directed by Public Health. | | | | | |
| -Trinity Village may suspend/decline a pet visit if the animal exhibits aggressive behaviour such as biting, scratching, if the animal | | | | | |
| is excessively noisy (crying/whining), if the animal is unable to properly contain bodily excretions (eg. Urinating, vomiting, diarrhea). | | | | | |
| | | | | | |
| Pet Owner Signature Date Signed | | | | | |
| For Office Use Only | | | | | |
| Staff Reviewer Name/Position Date Signed | | | | | |
| Pet Visit is APPROVED | | | | | |
| Pet is NOT APPROVED 🛛 Reason: | | | | | |

Date/Reason provided to pet owner: